

HEALTH REPORT
FOR THE
CITY OF NEWARK, N. J.
↔
1955



LEO P. CARLIN, MAYOR

JOHN S. FLOCKHART, Director,
Dept. of Health & Welfare

DIVISION OF HEALTH

AARON H. HASKIN, M.D., M.P.H.
Health Officer.



CITY OF NEWARK, NEW JERSEY
LEO P. CARLIN, MAYOR

DEPARTMENT OF HEALTH AND WELFARE
JOHN S. FLOCKHART, DIRECTOR

DIVISION OF HEALTH
PLANE AND WILLIAM STREETS
NEWARK 2, N. J.

MARIANO J. RINALDI
BUSINESS ADMINISTRATOR

AARON M. HASKIN, M.D., M.P.H.
HEALTH OFFICER

March 1, 1956

Hon. Leo P. Carlin, Mayor

Mr. John S. Flockhart, Director
and Members of the City Council

Gentlemen:

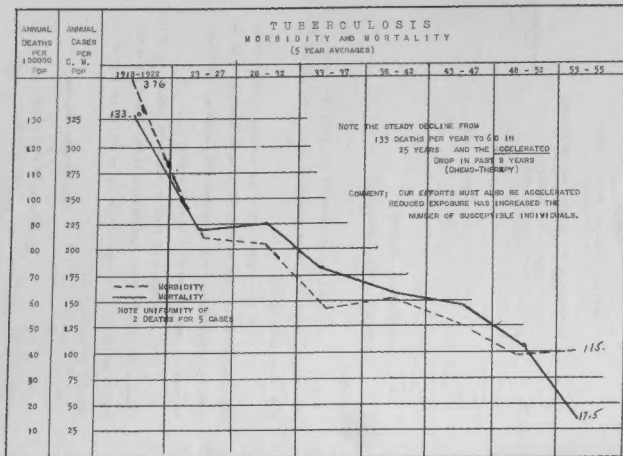
In submitting my report to you, it is particularly gratifying to advise that Newark experienced during 1955, another year of excellent health.

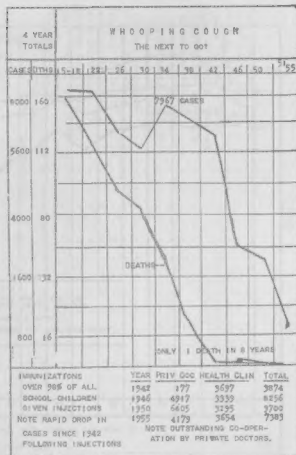
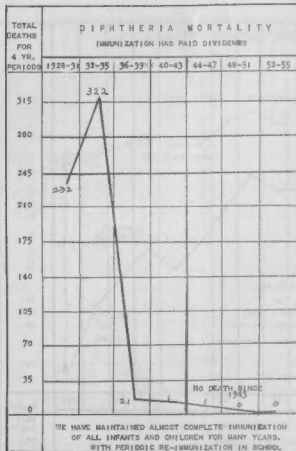
We had no prevalence of any contagious disease other than non-fatal Measles and our major health rates continued to be outstanding. Tuberculosis mortality equaled 1954, which was the lowest ever recorded and 75% reduction in eight years.

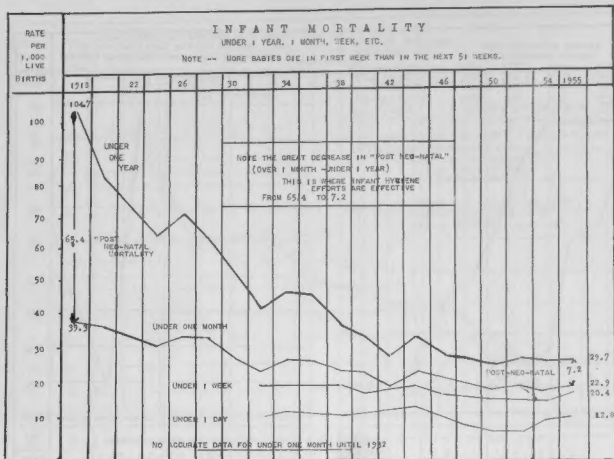
Although we are proud of our health program and of its results, considerable credit must be given to the cooperation of the general public and the medical profession, as well as the many private agencies working with us.

Respectfully submitted,

Aaron M. Haskin M.D., M.P.H.
HEALTH OFFICER







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WHAT YOUR HEALTH BUDGET PURCHASES

Some people do not realize the many valuable services paid for by the Health Division Budget. Too often it is felt that we merely investigate neighborhood nuisances or placard for contagious disease. Following is some of the work made possible by our budget.

NOT ONLY - Environmental Sanitation; Dog and Rabies Control; Infant Boarding Home Supervision; supervision and study of Vital Statistics; and many others -

B U T A L S O

- 1 - MEDICAL CARE OF THE POOR - Approximately \$375,000 is spent in the medical care of the poor - clinic treatments, home doctor and nurse treatments, etc.

CURING THE SICK KEEPS THEM OFF THE RELIEF ROLL

- 2 - DISEASE CONTROL AND PREVENTION - Thousands of screen-testing chest x-rays and blood tests for early detection of Tuberculosis and Syphilis cases which would be a hazard to the entire public--CURE IS ALSO POSSIBLE IN EARLY STAGES. Isolation and quarantines for contagion and campaign for immunization against Diphtheria, Whooping Cough and Smallpox.
- 3 - HEALTHY BABIES - Mothers visited monthly to insure proper care, even to instruct in behavior problems which often lead to warped mental developments in adult life.
- 4 - SCHOOL HEALTH - Insure good health and correction of physical defects in 15,900 parochial children, as is done for public school children by the Board of Education.
- 5 - CHILDREN'S DENTAL CARE - Free treatments in Dispensary and nine neighborhood clinics for approximately 6,000 different public and parochial school children unable to pay.
- 6 - CLEAN FOOD - Secure maximum sanitation in every food establishment, where the public has no other protection, plus compulsory lecture courses for restaurant help, to prevent food infections.
- 7 - PURE MILK - Insure a pure supply of milk; 2,000,000 quarts per week. (The major food of infants and children).

CITY OF NEWARK, NEW JERSEY
MAYOR & CITY COUNCIL (ELECTED FOR 4 YEARS)
ALL CITY FUNDS, ORDINANCES, APPOINTMENTS, ETC.

NEWARK HEALTH DIVISION
ORGANIZATION
ALL EMPLOYEES-CIVIL SERVICE

DIRECTOR OF HEALTH & WELFARE
HAS CHARGE OF
HOSPITALS - HEALTH, RELIEF, ETC.

DIVISION ENFORCES
STATE LAWS &
LOCAL HEALTH ORDINANCES

HEALTH DIVISION

HEALTH OFFICER
EXECUTIVE HEAD

ADMINISTRATIVE BUREAU
MANAGEMENT, VITAL STATISTICS
EDUCATION, MAINTENANCE

LABORATORIES
CHEMICAL, BACTERIOLOGY, SEROLOGICAL
SERVES ALL BUREAUS

DISPENSARY CLINICS
TREATMENT OF INDIGENT PATIENTS &
HOME VISITS BY DOCTORS & NURSES

SANITATION

FOOD & DRUG
CONTROL
BUR

MEAT
INSPECTION
BUR

SANITARY
ENV. SAN.
DUG CONT.
ETC

INFANT & CHILD HEALTH

PAROCHIAL
SCHOOLS
MED INSP. ETC

CHILD
HYGIENE
BUR

BABY
KEEP-CELL
STATIONS

CHILD
DENTAL
CLINICS

DISEASE CONTROL

CHEST DISEASE
CONTROL
&
CLINICS

COMMUNICABLE
DISEASE
BUR
OTHER THAN
VEN. OR TB

VENEREAL
DIS
CONTROL
&
CLINICS

DOMESTIC
CLINIC
SPEC
GROUPS

DIVISION OF HEALTH

Newark, N. J.

HEALTH OFFICER----- Aaron H. Haskin, M.D., M.P.H.

ASST. HEALTH OFFICER
Robert F. Morgan
Administration

DEPUTY HEALTH OFFICER
Pascal J. Baiocchi, M.D.

ASST. HEALTH OFFICER
Joseph E. Connolly
Food & Drug Bur.

PUBLIC HEALTH ENGINEER
Jacob M. Block, B.S., M.P.H.

Medical and Dental Bureau Heads

CHILD HYGIENE
Julius Levy, M.D.

CONTAGION
Joseph W. Gardam, M.D.

CHEST DISEASES
Irving Willner, M.D.

VENEREAL DISEASE
Edmond Edelson, M.D.

OCCUPATIONAL
William T. Ramage, M.D.

DENTAL
J.E.H. Guthrie, D.D.S.

CHIEF SUPV. OF LABS.
Carl Cordasco, B.S., Ph.G.

SEROLOGICAL LAB.
Meyer Levy, B.S.

CHEMICAL LAB.
Nicholas D'Auria, B.A.

BACTERIOLOGICAL LAB.
Fred Coltrell

CHIEF PHARMACIST
Oscar B. Stevens, Ph.G.

CHIEF VETERINARIAN
John Devins, D.V.S.

Chief Inspector, Sanitation

Edward A. Smith

Chief Inspector, Contagion

William S. Jennings

Chief Inspector, Food & Drug

David E. Morgan

Chief Inspector, Meat Inspection

Joseph Hearl

Director, Pub. Health Nursing Serv.

Melvina H. Ryan, R.N.

Supervisor, Child Hygiene Nurses

Edith D'Amato, R.N., B.S.

Supervisor, Tuberculosis Nurses

Frances Dlugosz, R. N.

Supervisor, Parochial School Nurses

Mary Hoban, R.N., B.S.

Supervisor, Visual Health Education

Peter Coven

HEALTH REPORT 1955

NEWARK, N. J.

Aaron H. Haskin, M.D., M.P.H. - Health Officer

To Honorable Leo P. Carlin, Mayor, Members of the City Council

and to the Citizens of Newark, New Jersey

NEWARK'S HEALTH - 1955

The City of Newark again experienced good health during 1955, with excellent health rates: (Tuberculosis equalled the lowest ever and infant mortality continued under 30 per 1,000 births) and we had no prevalence of major contagious diseases other than non-fatal measles. Considerable credit is again due the cooperation of the general public and the medical profession, as well as many private agencies working with us.

There were 5,192 deaths from all causes including 1,095 non-resident deaths (mostly in Newark hospitals), compared with 5,089 deaths in 1954. Based on an estimated population of 443,000, this gives a crude mortality rate of 11.7 per thousand which is the normal for the past eleven years. Several of the major causes of death showed a reduction. Increases were in Organic Heart Disease (82) and respiratory diseases (74).

Organic Heart Disease causes about 10% of all deaths and of those 2,018 deaths more than 5% had passed their 65th birthday. Cancer fell from 783 to 713, the lowest in seven years; Apoplexy from 424 to 398, the lowest in eleven years. The most encouraging total was Tuberculosis (all forms) with 68, equalling 1954, the lowest ever. Even accidental deaths fell from 228 to 179, the second lowest ever recorded by this division.

There were 11,343 births or a crude rate of 32.4 per thousand compared with 33.1 in 1947 (the highest ever recorded in Newark). The birth rate usually increases during war-time and then tapers off. Following the last war, however, we have continued at a high point for several years. Adjusted rate is naturally much lower (see births).

ITEMS OF SPECIAL INTEREST

TUBERCULOSIS MORTALITY Equalled lowest ever

The 68 deaths and a rate of 15.3 per 100,000 equalled the previous year which had seen the eighth consecutive new low record. Treatment, consisting of bed rest, nutrition, hospitalization and lung collapse, gradually reduced this rate from 185 in 1918 to 59.3 in 1946. In the past eight years, a rapid 75% reduction must surely be due to use of so-called "Wonder Drugs."

In measuring the health of a community, Tuberculosis mortality is one

of the first rate to consider inasmuch as it is so directly affected by poor living conditions, malnutrition, overcrowding, low income and general health knowledge by the public. Fortunately, this disease requires frequent intimate contact with the carrier, but surely in overcrowded slum conditions, such intimate contact must be increased. The rate is, therefore, always high in such sections. That is why this rate is much higher among Negroes in large northern cities due to unfortunate housing and economic handicaps. We find that the rate among Negroes has been reduced from 388 in 1936 to 284 in 1942, 187 in 1947 and to 57.8 in 1949, or a reduction of 87% in seventeen years and over 50% in four years.

INFANT MORTALITY 27.7 per 1000 births

Infant mortality, like Tuberculosis mortality, is one of the outstanding measuring rods of public health. There were 426 deaths under one year among 1541 births or a rate of 27.7 per 1000 births. When Child Hygiene work was started in this Division about forty years ago, the rate was over 100. Had that rate continued, there would have been 1,710 infant deaths last year instead of 426. The rate of mortality reduction has been in late time disease and congenital and respiratory disease. Intestinal causes averaged 250 then, today only 12. Contagion and respiratory diseases averaged 320 deaths then, today less than 45. The other main cause of infant mortality has, naturally, decreased much less. Congenital conditions averaged 38 per 1000 births then, today about 25.

CARE OF THE SICK POOR

Among the fields of public service carried out by the Health Division but not realized by the average public, is care of the sick poor. A major portion of our entire budget (more than 20% or \$375,000) is used for the medical care of the sick poor. This includes all of that work other than care of patients actually in hospitals. It provided more than 6,000 visits to homes by physicians, and incidentally the family and their group of physicians; and 4,707 home visits by nurses of the Health Nurse Association were paid by us. We conduct a City Dispensary providing treatment for practically every condition, with 79,050 treatments and 52,217 free prescriptions. Mental clinics are provided not only for adults but for all poor care in this City including both public and parochial school children. These mental clinics for children are located in ten different neighborhoods of the City.

INFANT MENTAL HYGIENE

Our Child Hygiene Nurses made 87,143 home calls at which they not only see that the mother has the services of a physician, or visits a day-station if the car cannot afford to go to a doctor, but also to instruct as to diet, sanitation, cord care, practices, immunizations and other things that matter. The nurses supervised 9,895 babies. They have instructed mothers so that they can recognize and properly handle the signs of disease, which, if neglected, interfere with the child's development, and result in mental retardation or other disabilities. All mothers are instructed in the special field. This anticipatory child care is the most important work in the Division. This work is done for the purpose of preventing disease, of which there is, unfortunately, a great shortage of proper facilities. All such homes must be approved by our Child Hygiene Bureau.

FOOD HANDLING LICENSES

To prevent food infections, we not only inspect food places but our Division provides compulsory lecture courses for food handlers which are attended by more than one thousand each year. We have already granted retail sales to over 10,000 such workers.

SLUM, PLUMBING INDUSTRIAL AND HOME INSPECTIONS

Under the new administration July 1, 1954, several major changes were inaugurated. The Plumbing Bureau and the bulk of the environmental sanitation staff were transferred from the Health Division to a central Division of Inspections, which has heretofore included building inspections, etc. We still retain a small staff to regulate environmental sanitation (renovation of structures of slum clearance was transferred to the Inspection Division as was also the work of the and staff of same Bureau with several inspectors and two nurses).

GENERAL MORTALITY

Deaths from all causes numbered 5,192 or a rate of 11.7 per thousand, a slight increase over 5,089 and 11.5 in 1954. As Newark is a hospital center for many communities, non-resident deaths in Newark far exceed the deaths of Newarkers dying out of town. If we subtract 1,095 non-resident deaths but include 35 known deaths in outside institutions, we have a total of 4,097 or an adjusted rate of 9.2.

CRUDE AND ADJUSTED DEATH RATES

Year	Population	Crude Deaths	Crude Deaths Rate	Adjusted Deaths	Adjusted Deaths Rate
1940	429,000	5,025	11.7	4,762	11.1
1941	429,000	4,983	11.6	4,415	10.3
1942	429,000	5,090	11.9	4,659	10.8
1943	440,000	5,523	12.6	5,043	11.5
1944	440,000	5,052	11.6	4,535	10.3
1945	443,000	5,141	11.6	4,586	10.4
1946	443,000	4,937	11.1	4,395	9.9
1947	445,000	5,097	11.2	4,411	9.9
1948	445,000	5,222	11.7	4,382	9.8
1949	443,000	5,086	11.5	4,229	9.5
1950	443,000	5,126	11.5	4,292	9.6
1951	443,000	5,151	11.5	4,249	9.6
1952	440,000	5,411	12.3	4,515	10.2
1953	440,000	5,387	12.2	4,389	10.0
1954	443,000	5,089	11.5	4,027	9.1
1955	443,000	5,192	11.7	4,097	9.2

PRINCIPAL CAUSES OF DEATH

The major causes of Newark deaths including non-residents as well as 33 Tuberculosis deaths of Newarkers in out-of-town sanatoria were as follows:

	1949	1950	1951	1952	1953	1954	1955
Organic Heart Disease	1804	1728	1762	1805	1857	1963	1936
Cancer	780	796	721	795	789	829	783
Apoplexy	185	178	123	399	194	193	124
Congenital Conditions	317	301	293	322	317	299	323
Bright's Disease	276	249	246	259	238	241	213
Pneumonia & Respiratory Diseases	246	25	249	244	286	228	257
Tuberculosis	232	211	205	159	152	97	68

TUBERCULOSIS (lowest ever) The 68 deaths from tuberculosis, all forms, gave a mortality rate of 15.3 per hundred thousand which equaled 1954 which was the lowest rate in our history. When the Health Division started Tuberculosis control work 100.1 forty years ago, that rate averaged 200. The former rate prevailed this year, we would have had 886 deaths instead of 68. The rate is particularly encouraging as it is a 75% drop since use of chemo-therapy, started eight years ago.

HEART DISEASE The major cause of mortality, as usual, was Organic Heart Disease with 2,000 deaths or 19% of all deaths. This is an increase of 82 over the previous year. There is little doubt that the increase in heart disease mortality, in recent years, is largely due to increased life span. For instance, 156 of the heart deaths, or 5%, were over 45 years of age. Hysteria and worry, naturally, contribute, as this cause reached its peak with 663 in 1918 and then dropped for several years. The depression brought it up to another peak of 1,047 in 1927. World War II brought it to the highest ever in 1943 with 1,975 and then it dropped to 1,663 in 1946. Apparently, the world tension and, of course, increase in old age groups, have brought it up again.

DIPHTHERIA There has been no Diphtheria death in Newark in the past twelve years and one case in the past six years. In fact, we have seen only 20 cases and 1 death in 15 years. That one death was an unimmunized child who had recently come to Newark. Diphtheria only 25 years ago caused more than 1,000 cases and 100 deaths each year. This is not merely good luck nor a change in the severity of the Diphtheria virus. Our Child Hygiene nurses make immunization constant and our Contagious Disease inspectors make thousands of visits during the year to secure this protection among children where the parents have been delinquent in completing treatments. 9.8% of all infants and pre-school children have completed immunization treatments.

TYPHOID FEVER A former major cause of illness and death, before pure water and pasteurized milk, was Typhoid fever, and it is interesting to report there has been no typhoid death in Newark for ten years and only 86 cases during that time, all of them traced to infection in other parts of the country.

LONGER LIFE - AGE AT DEATH That we are living longer is clearly indicated by a study of age at time of death. In 1955, there were 1,130 out of 6,192 deaths or 18% over 65 years of age. Thirty years ago, only 66% had reached that age. This year 57% of the deaths had not fully passed that age. Compared with 67% thirty years ago. In other words, twice as many people live to 65 as did so only thirty years ago.

MATERNAL MORTALITY Deaths of mothers at time of delivery numbered 6 out of 11,653 deliveries (including 319 stillbirths) and 1 septicaemia death. This gives a rate of 0.4 per thousand deliveries, the lowest ever recorded. Incidentally, it is 80% below the average prior to twenty years ago when the Medical Society, formed a Maternal Welfare Commission to actively co-operate with our Division. Note that there has been only one septicaemia death in six years. See table on Puerperal Deaths and Stillbirths.

<u>MATERNAL DEATHS BY CAUSE</u>	1941	1943	1945	1947	1949	1950	1951	1952	1953	1954	1955
Total Deaths	26	18	18	12	15	12	7	16	10	13	6
Puerperal Septicaemia	5	4	4	1	1	-	-	1	-	-	-
Ectopic Pregnancy	2	-	3	-	-	2	-	2	2	-	1
Caesarian Section	1	3	-	1	-	-	-	3	1	-	-
Self-Induced Abortion	-	-	-	-	1	-	-	-	-	1	1
Spontaneous Abortion	2	-	-	-	1	-	-	1	2	-	1
Eclampsia	5	2	2	1	2	4	-	2	2	5	-
Other Acc. of Pregnancy	1	4	2	1	1	2	1	4	-	1	1
Placenta Praevia	2	-	2	-	1	-	1	-	-	1	-
Post Partum Hemorrhage	2	2	5	4	3	1	2	2	-	1	-
Accidental Abortions	-	-	-	-	-	-	-	1	-	2	-
Shock fce.Del.Breach Pres.	1	1	-	-	-	-	-	-	-	-	-
Toxemia of Pregnancy	3	-	-	-	2	1	2	-	-	1	1
Crim.Abortion (Puerpera)	2	1	-	-	1	1	-	-	-	-	-
Cardiac Con. Pregnancy	-	-	-	-	1	1	-	-	1	-	-
Lobar Pneumonia	-	-	-	-	-	-	-	-	1	-	-
Pulmonary Embolism	-	1	-	1	2	-	-	-	1	1	-
Acc.Perit.Fol. Partuition	-	-	-	1	-	-	-	-	-	-	-
Spin.Anes.,Norm.Rem.of Pla.	-	-	-	1	-	-	-	-	-	-	-
Hem.Shock Rpt.Uter.Norm.Del.	-	-	-	1	-	-	-	-	-	-	1
Mat.Mort. per 1000 Deliv.	2.6	1.5	1.5	0.8	1.1	0.9	0.5	1.1	0.7	0.9	0.4

ACCIDENT DEATHS There were only 180 accidental deaths. Accidental deaths have steadily dropped from 1943 when we had 302 such deaths. Falls cause the bulk of accidental deaths. Auto and motorcycle deaths increased to 46 or 11 more than last year, but well below the normal of twenty years ago.

ACCIDENTAL DEATHS BY PRINCIPAL CAUSES

Year	Total	Auto & Acc. Motor.	Falls	Burns	Asph. Beddg.	Alco-hol	Carb. monox.	Crush-ing	Drown-ings	Heat Elec.	Ill. Exh. Gas	R.R. & Bus	Fire	Mis
1943	304	90	87	19	6	8	-	2	13	13	4	23	9	33
1944	270	77	92	14	3	9	-	2	5	2	7	26	5	19
1945	271	57	107	13	9	5	3	8	4	1	1	23	6	23
1946	234	66	90	12	8	2	3	6	5	3	1	13	2	15
1947	200	36	79	7	12	-	1	3	7	-	1	17	5	14
1948	212	40	78	11	12	2	1	7	18	-	8	14	2	9
1949	174	33	76	2	13	1	3	6	5	1	4	12	-	8
1950	194	40	84	10	4	-	3	1	9	3	-	13	5	13
1951	191	45	85	17	1	1	-	3	11	-	-	7	7	11
1952	226	50	90	9	4	-	-	3	8	1	29	9	1	14
1953	228	50	96	6	4	-	-	3	7	3	15	1	3	12
1954	179	35	90	8	6	0	2	1	3	1	0	8	2	7
1955	180	46	85	13	4	-	-	3	5	4	2	1	3	6

BIRTH STATISTICS

Crude Birth Rate 22.2
Adjusted Birth Rate 22.2

There were 1,113 births in Newark in 1955 or a crude rate of 32.1 per 1,000 population. This rate, after a gradual dropping to the lowest ever recorded of 15.8 in 1936, rapidly and steadily increased to the record high in 1947 of 34.710 births or a rate of 34.1 and has remained over 30 for eight years. The following table shows the trend in our birth rate and it is interesting to note that almost 9% of babies are now delivered in hospitals. We have been using the crude rate for many years due to difficulty in accurate adjustment. Newark is a hospital center, however, and there were 1,139 non-resident births. If we subtract these and add 93 New Yorkers known to be born out-of-town, we get 9,847 or an adjusted birth rate of only 22.2. We have been able to adjust these figures for the past fourteen years and, therefore, include both rates in the following table.

1955	1955	Total Births	11,113	White	10,699	Stillbirths	310
		Males	7,325	Colored	3,630	Illegitimate	787
		Females	6,948	Yellow	11		

BIRTHS DATA				Deliveries at home			
Year	Total Births	Crude Rate	Ad. Births	Rate	Hospital Deliv.	Midwife	Physicians
1936	7,236	15.8			6,025	133	778
1937	7,659	16.7			6,682	374	603
1938	7,936	17.3			7,106	283	546
1939	7,950	17.3			7,315	234	401
1940	9,382	19.9			7,952	185	461
1941	9,765	22.8	7,103	16.5	9,282	158	325
1942	12,771	28.2	7,677	17.0	11,474	161	376
1943	11,856	26.9	8,428	19.1	11,230	194	432
1944	11,776	26.7	7,650	17.1	10,306	244	330
1945	11,254	25.4	7,828	18.3	10,867	114	273
1946	13,427	30.3	9,980	20.3	13,094	108	225
1947	14,710	33.1	10,200	22.7	14,419	80	211
1948	13,703	30.8	9,300	20.9	13,434	46	223
1949	12,407	27.3	8,000	17.3	13,171	13	192
1950	11,144	24.7	8,072	17.2	12,955		211
1951	11,771	26.6	8,000	20.1	11,650	51	133
1952	13,968	31.7	9,050	20.6	13,783	24	161
1953	14,116	32.1	9,321	22.1	13,961	22	133
1954	14,404	32.5	9,708	21.9	14,246	23	135
1955	14,343	32.4	9,847	22.2	14,181	21	141

FREEDOM FROM CONTAGION

There were no deaths from contagious diseases during the past year except one from scarlet fever, which caused no deaths. The following table shows the trend in deaths from contagious diseases in 1955 compared with the 11-year normal. Since deaths from Scarlet Fever, in fact, this disease has been steadily decreasing in incidence. That five years ago it caused 19 deaths per 1,000 cases, yet we have had only one death among 2,611 cases in the past ten years.

DISEASE	1955		11-year Normal	
	Cases	Deaths	Cases	Deaths
Diphtheria	5	0	1	0
Scarlet Fever	89	0	433	0
Epidemic Meningitis	12	5	11	3
Whooping Cough	167	0	296	0
Infantile Paralysis	62	3	29	3
Measles	8,833	0	3,536	0

NEGRO HEALTH STATISTICS

The 1955 estimated Negro population is 83,000. This alone constitutes a remarkable part of the health statistics among this particular group. Formerly estimated as approximately 17% of the total population, as learned by the official census report that in 1950 the figure was 71,626 or approximately 18%. Allowing for natural increase (births over deaths) we must have approximately 83,000 in 1955. This group, due to unfortunate housing handicaps, naturally reflects higher mortality rates as are found in any sub-par and especially slum areas.

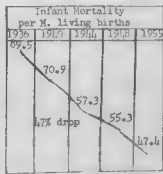
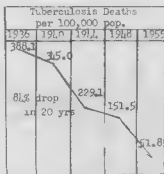
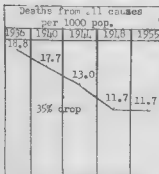
A study of the past twenty years, however, is remarkable. The Tuberculosis mortality rate, although high as explained above, has been reduced from 360 per 100,000 in 1935 to 51.8 in 1955 or a phenomenal drop of 85%. The ten year drop has been 75%. Infant mortality in twenty years has fallen from 89.5 to 47.4 or 47% reduction. The general death rate from all causes has dropped from 17.7 in 1940 to 11.7 in 1955 or a reduction of 33%. All of these comparisons are based on accurate population figures. The general death rate for three years has been practically the same as for the entire City. There were only three maternal deaths and a rate of 0.8 per 1,000 deliveries, a decline from 1954. There has been no puerperal septicemia death in six years.

Negro births totalled 3,630 or a crude rate of 43.7 per 1,000, the highest ever recorded. The general City birth rate was 32.4. It is possible that the 1950 Census was far below correct and present population much higher.

NEGRO HEALTH STATISTICS

Year	Pop. in 1000's	Deaths Rate	Mort. Rate	Births	Birth Rate	TB Deaths	TB Mort.	Infant Deaths	Infant Mt. Rate	(Maternal-Deaths) Septic.	Total	Mat. Mt. Rate
1935	42	789	18.8	883	211.0	163	388.1	79	89.5	2	8	9.1
1938	43	690	16.0	997	23.2	131	304.7	62	62.2	1	4	4.0
1940	40	695	17.7	1043	26.1	138	345.0	74	70.9	1	10	10.0
1942	44	721	16.4	1247	28.3	125	284.1	69	54.5	0	1	1.0
1944	52	679	13.0	1326	25.5	119	229.1	76	57.3	0	2	1.6
1946	60	678	11.3	1595	26.6	122	203.3	87	54.5	1	5	3.1
1948	68	805	11.7	2225	32.7	103	151.5	123	55.3	0	2	0.9
1950	76	845	11.1	2344	30.9	98	129.0	118	69.9	0	5	2.1
1951	78	826	10.6	2590	33.2	83	106.4	109	42.1	0	1	0.4
1952	80	896	11.2	2658	31.9	77	98.7	153	57.5	0	8	3.0
1953	80	907	11.3	2917	36.5	49	61.2	119	40.8	0	2	0.7
1954	80	878	11.0	3245	40.6	36	45.0	149	45.9	0	6	1.8
1955	83	976	11.8	3630	43.7	43	51.8	172	47.4	0	3	0.8

A GRAPH OFTEN TELLS THE STORY BETTER THAN FIGURES



ADMINISTRATION

Robert F. Morgan, Asst. Health Officer

... Division, Division, the general administrative functions of the Division for the South Officer. This includes accounting; vital statistics; training; medical attention; personnel records and assignment; cleaning and maintenance; printing and mail correspondence; monthly and annual reports; divisional instruction, etc.

(FA) IN 145 AL 'FA' IN EDUCATION

Peter Zovan, Supervisor

Our health education work is aided through the following mediums: taking and processing photographs, slides and

motion pictures; production of sound-slide sequences such as a series entitled "Newark's Health Department" describing the activities of the Health Division; a home safety series sequence entitled "Safeguard Newark's Homes", also health examination. Operation of school for food handlers which includes lectures, films, and a practical session; presentation of individual certificates; present work of the school at civic clubs, schools, PTA, Women's Clubs and others, and a number of health programs, health lectures, radio programs, etc.

VITAL STATISTICS

On 1/1/44, the Health Officer was officially made Registrar of Vital Statistics, and the duties of the City Clerk as therefore, and a staff of clerical workers was transferred from the City Clerk's payroll to the Health Division. The staff will operate in the City Hall due to the space required for the many old record books.

The [redacted] will drop received all 1,529 birth, 5,462 death and 1,892 marriage certificates. They are, and reference file cards for each; micro-film all of them and send the certificates themselves to the State Department of Vital Statistics. [redacted] also has a national record for every birth which is delivered by Health [redacted] to New York and to other cities for non-resident births. They issue [redacted] to the [redacted] in addition to this routine work they must also [redacted] of some great difficulty for old birth and death records, which until micro-filming was started a few years ago, were hand-written in yearly alphabetical [redacted] as. The condition of which has naturally deteriorated. The following [redacted] of the [redacted] are merely the additional records prepared and delivered by request.

request.	<u>\$1.00 Fee</u>	<u>No Fee*</u>	<u>Total</u>
Birth Records	7,767	4,160	11,927
Death "	17,179	2,170	19,349
Marriage "	2,215	1,900	4,115
Total	27,231	7,530	34,761

* 10. For use for veterans, school, pension and such purposes.

1990

Planning and general maintenance is provided for the main building and three nearby annexes, as well as 2 1/2 outside

clinics and dental clinics.

HEALTH ENGINEERING

Jacob M. Block, S.S., M.P.H.
Public Health Engineer

The Public Health Engineer acts as Consultant to the Health Officer on the many engineering phases of our work. He also actively supervises many special projects and surveys.

Wells, Pools and Drinking Water

The 1955 SWIMMING POOL CODE of the State Department of Health was studied and recommended, with reservations, for adoption as an ordinance. It is under careful study by our Law Department. Preparations have been made to implement this program when it becomes law. During the year, several complaints regarding swimming pools were investigated, their validity established, and violations of present State Laws abated without recourse to litigation.

A survey of all Newark wells listed with the State Geologist, Mr. Meredith Johnson, was undertaken as a joint project of this Division and the Division of Water Supply. By the end of the year, 175 wells were inspected of which 98 wells, all deep, are in use. Among these 98 wells, thirty-four violations of the Plumbing Code, most of which were illegal cross-connections, were uncovered. In each case, water samples for chemical and bacteriological analysis were taken. This program is important not only from the public health standpoint but also from that of Civil Defense as well. This program will continue until all the wells, numbering over three hundred, have been inspected.

Weekly sampling of City water at points of consumption throughout the City was also done and the chemical and bacteriological analyses sent to Mr. Bauermann at the Cedar Grove Laboratory to supplement the control program of Newark's excellent water supply.

Noxious Weeds

Ragweed and Poison Ivy elimination is another of our activities. Reduction of the atmospheric ragweed pollen concentration will naturally ease or eliminate hayfever symptoms in susceptibles and the elimination of poison ivy will benefit many of us who are allergic to this pretty but noxious weed. In cooperation with the Bureau of Parks and Grounds, we again undertook the spraying of all growths not only on City-owned lots, but private property as well - where need for spraying existed.

Although we have no way of evaluating the benefits of the elimination of poison ivy, we can approximate the atmospheric concentration of ragweed pollen and our measurements in Newark show the concentration to be less than that for most localities in this State where such concentrations are determined.

LEGAL WORK

Milton Goodman, A.B., LL.B.
Complaints Processing Officer

Handling of court cases is greatly aided by this officer who is a qualified lawyer. He cooperates with the City Law Department, which officially handles all city work, and is present at all Bureau hearings. Some Bureaus hold frequent hearings before the Health Officer, cases are discussed and disposition made by the Health Officer. Cases referred for court action are greatly reduced by this arrangement. During 1955, 1,168 cases were taken to court. In addition to securing abatements in these cases, \$7,895 in penalties were imposed against violators. These totals reflect the fact that he processed for legal action all the complaints arising in the Slum Bureau and the Plumbing Bureau of the Division of Inspections as well as in the Division of Health.

פרייבורג, 6טן מערץ 1915

	Budget after trans	Expendit res
personal serv (overhead)	\$1,475.00	1,475.00
transp	1,475.00	1,475.00
TOTAL	2,950.00	2,950.00

EXPENDITURES (Non salary)

Lease RV	\$1,711.5	Transit Home Care	\$1379.20
Lease	57.24	Transit Home Care - TNA	1558.40
Lease Heat	1,189.71	Transit Home Care - Trip	513.32
Janitor Sup	140.1	Transit Home Care - Trip	26360.34
Rental-annex, Stations and parking	140.1	Transit Home Care - Trip	2057.01
Cleaning by stations	1763.79	Lab Supp	6460.93
Print & Stationery	52.12	Lab Supp	1229.37
Exp. See Comp	3777.00	Lab Supp	11789.91
Carfare Trav Exp	7005.50	Lab Supp	1752.47
		Lab Supp	5174.27
		Lab Supp	14937.22

REMARKS: (Note - These are + to City's Annual Revenue and are not reflected in the City's Division Budget)

Permits - Chicken & Dairy	110.00	Fee	Act Exams	50.50
Permits - Ice	110.00	"	tests	1484.50
Permits - Milk	5100.00	"	Inspectors	15.00
" - Meat Plant	300.00	Misc'l	Rx Rot sales	214.57
" - Jobbers	75.00	"	Cole pads	23.00
" - Refuse	42.00	"	Postage Phones	10.40
		"	Refund on drums	10.00

A separate "Dairy Inspection Account" is maintained for the cost of out of town inspections. It is maintained by the dealers.

RECEIVED & EXPENDED IN 1955 \$ 21,020.52

ACCOUNTING CONTROLS: - The auditor's office also maintains a separate "Dog Control Account". In this way every expense of dog licensing and animal collection is paid except salaries.

RECEIPTS		DISBURSMENTS	
Dog Lic 4.25 (12113)	327321.75	State Fee @ .25 ea	\$ 3035.75
Pet Shops @ 10.00	160.00	Shelter Contract	10999.96
Animal Licenses	5.00	Vet Rabies Vac @ 1.00	2092.00
Fees-Dogs redeemed	237.50	Dog Tags	266.25
TOTAL	29914.25	N ets	148.50
		Postage & Misc'l	449.41
		TOTAL	16891.91

INCREASE IN FUND IN	1955	\$12922.38
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OTHER INTERESTING HEALTH TRENDS 1918 - 1955

Year	Deaths 1 Yr.	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	
1918	825	74.8	10993	25.4	167	428	99.1	73	12	346	640
1923	757	67.7	1110	25.7	137	345	92.5	31	11	310	727
1924	766	68.6	1110	25.7	137	345	92.5	31	11	310	727
1925	766	68.6	1110	25.7	137	345	92.5	31	11	310	727
1926	766	68.6	1110	25.7	137	345	92.5	31	11	310	727
1927	766	68.6	1110	25.7	137	345	92.5	31	11	310	727
1928	766	68.6	1110	25.7	137	345	92.5	31	11	310	727
1929	594	59.6	9975	20.7	52	441	91.8	96	5	258	1047
1930	512	52.3	9784	22.2	45	445	101.0	48	1	244	1005
1931	491	52.3	9506	21.4	36	412	92.4	16	2	224	980
1932	491	52.3	9506	21.4	36	412	92.4	16	2	224	980
1933	356	45.1	7897	17.6	18	388	85.8	1	2	228	1091
1934	342	45.2	7565	16.7	23	317	69.8	1	1	227	1082
1935	417	54.6	7638	16.8	24	316	69.4	1	0	201	1118
1936	332	45.9	7236	15.8	16	346	75.7	0	1	214	1162
1937	287	37.6	7659	16.7	32	301	65.8	1	0	168	1158
1938	310	39.1	7936	17.3	12	287	62.7	1	2	149	1201
1939	310	39.1	7936	17.3	12	287	62.7	1	2	149	1201
1940	310	39.1	7936	17.3	12	287	62.7	1	2	149	1201
1941	310	39.1	7936	17.3	12	287	62.7	1	2	149	1201
1942	310	39.1	7936	17.3	12	287	62.7	1	2	149	1201
1943	367	30.9	11856	26.9	15	294	66.8	1	0	276	1975
1944	375	34.7	10792	24.5	23	257	58.4	0	0	271	1744
1945	375	34.7	10792	24.5	23	257	58.4	0	0	271	1744
1946	416	30.9	13427	30.3	3	261	59.0	0	0	245	1663
1947	429	29.2	14710	33.1	13	259	58.2	0	0	281	1724
1948	389	25.0	13409	30.3	11	211	47.6	0	0	249	1728
1949	357	27.1	13174	29.7	8	209	42.2	0	0	246	1862
1950	379	27.0	14020	31.6	2	169	38.1	0	0	259	1805
1951	405	29.9	13968	31.7	6	152	34.5	0	0	238	1857
1952	405	29.9	13968	31.7	6	152	34.5	0	0	238	1857
1953	364	25.6	14116	32.1	6	97	22.0	0	0	241	1963
1954	412	28.6	14404	32.5	12	63	15.3	0	0	213	1936
1955	412	28.6	14404	32.5	12	63	15.3	0	0	213	1936

* Including Newark residents who died in out of town institutions.
 ** For Neo Natal mortality, see "Other Mortality Trends"

TOTAL DEATHS BY AGE GROUPS - 1

Year	Total	Under 1 yr.	1 and 2 yr.	2 and 3 yr.	Total	3-4 yr.	4-5 yr.	5-6 yr.	6-7 yr.	85 and over
1916		1218	153	434	2602	100	100	248	100	1200
1919	5534	862	190	176	1238	249	345	1204	1376	1122
1920	5551	994	253	192	1439	220	327	1041	1379	1145
1921	5447	131	136	134	1101	174	244	91	1000	1000
1922	5209	622	198	146	1166	232	268	925	1114	1184
1923	5221	756	143	136	1035	100	300	100	1000	1000
1924	5111	746	130	139	1015	100	200	100	1000	1000
1925	5111	746	132	144	1022	200	100	100	1000	1000
1926	5606	753	187	157	1197	150	100	100	1000	1000
1927	5295	636	109	112	857	210	100	970	1000	1000
1928	5735	624	156	186	966	100	100	1000	1000	1000
1929	5857	594	104	152	850	100	100	1000	1000	1000
1930	5447	512	83	119	714	100	100	1000	1000	1000
1931	5306	490	64	91	645	100	100	1000	1000	1000
1932	4650	371	41	73	485	100	100	1000	1000	1000
1933	5126	356	68	96	520	100	100	1000	1000	1000
1934	4921	342	54	54	450	100	100	1000	1000	1000
1935	4996	417	46	60	523	100	100	860	1000	1000
1936	5331	332	45	105	482	100	200	100	1000	1000
1937	5256	267	51	61	379	100	200	100	1000	1000
1938	5116	310	29	45	384	100	100	100	1000	1000
1939	5005	303	23	24	350	100	100	100	1000	1000
1940	5207	300	26	33	359	100	100	100	1000	1000
1941	5127	318	30	34	382	100	100	100	1000	1000
1942	5256	352	25	36	413	100	100	100	1000	1000
1943	5100	357	24	44	425	100	100	100	1000	1000
1944	5000	300	20	20	340	100	100	100	1000	1000
1945	5042	300	20	31	351	100	100	100	1000	1000
1946	5000	100	10	31	141	100	100	100	1000	1000
1947	5000	129	20	33	182	100	100	100	1000	1000
1948	5222	300	20	20	340	100	100	100	1000	1000
1949	5000	300	22	20	342	100	100	100	1000	1000
1950	5000	300	20	20	340	100	100	100	1000	1000
1951	5100	379	20	20	419	100	100	100	1000	1000
1952	5000	300	10	20	330	100	100	100	1000	1000
1953	5000	300	20	30	350	100	100	100	1000	1000
1954	5000	300	20	20	340	100	100	100	1000	1000
1955	5000	300	20	20	340	100	100	100	1000	1000

DEATHS AND DEATH RATES BY CAUSE AND COLOR 1954 - 1955

	1954		1955		1954		1955	
	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths
TOTAL - ALL CAUSES	11.5	5089	11.7	5192	11.0	878	11.0	878
Influenza	-	2	-	1	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-
Measles	0.2	1	-	-	1.2	1	-	-
Scarlet Fever	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-
Influenza	0.2	1	-	-	-	-	-	-
Epidem. Mening. (Ger. Spin)	0.2	1	1.1	5	1.2	1	2.4	2
Other Epidemic Diseases	-	-	-	-	-	-	-	-
Tuberculosis of Lungs	13.3	59	13.1	58	36.2	29	3.2	6
Tuberculosis Meningitis	1.1	5	0.4	2	3.7	3	2.4	2
Other Tuberculosis	0.9	4	1.8	8	6.2	5	6.2	5
Cancer, Malignant Tumor	179.0	783	167.7	743	116.2	93	11.6	96
impl. cancer	-	12	-	11	10.0	8	6.2	5
Apoplexy-Soft. of Brain	95.7	424	89.6	398	95.0	76	68.4	57
Organic Heart Disease	132.4	555	135.7	602	116.2	253	12.0	275
Pneumonia, Lobar	12.4	55	12.9	57	10.0	8	26.4	22
Pneumonia, Broncho	20.5	91	20.9	93	18.7	15	1.8	34
Other Respiratory Dis.	23.4	104	40.5	178	17.5	14	2.0	20
Stomach (Not Cancer)	17.2	54	19.4	87	6.2	5	10.8	9
Diarrhoea (Under 5 Yrs.)	2.7	12	2.9	13	10.0	8	10.8	9
Appendicitis & Typhilitis	1.4	6	0.9	4	-	-	1.2	1
Non Puerperal Septicemia	-	-	2.3	10	-	-	1.2	1
Hernia, Intest. Obstruc.	11.3	50	7.5	33	12.5	10	6.2	5
Cirrhosis of Liver	18.8	83	18.4	81	21.2	17	13.2	11
Bright's Dis. & Nephritis	48.1	213	50.2	222	43.7	35	60.0	50
Dis. of Women (Not Cancer)	0.7	3	-	-	1.2	1	-	-
Puerperal Septicemia	-	-	-	-	-	-	-	-
Other Puerperal Diseases	2.9	13	1.4	6	7.5	6	3.7	3
Cong. Debility & Malf.	75.2	323	81.0	359	131.1	105	157.8	131
Old Age	0.7	3	0.7	3	1.2	1	1.2	1
Accident	40.9	180	40.7	180	53.7	43	56.6	47
Homicide	9.3	41	6.8	30	37.5	30	30.0	25
Suicide	6.8	30	7.7	34	5.0	4	3.7	3
Ill-Defined Causes	12.9	57	8.8	37	18.7	15	15.6	13
All Other Causes	122.3	542	126.4	560	113.7	91	121.4	101

CAUSES OF DEATH IN AGE GROUPS - 1955

CAUSES OF DEATH	Total Deaths	Under 5 Deaths & %	5 to 24 Deaths & %	25 to 44 Deaths & %	45 to 64 Deaths & %	65 & over Deaths & %
TOTALS	5192	882 9.4	177 1.7	50 0.7	179 3.4	2395 46.1
Diarrhoeal Dis.	13	13	-	-	-	-
Early Infancy	359	359	-	-	-	-
Other Resp. Dis.	328	20 1.2	2 2.1	23 6.9	75 29.9	153 6.9
Pneum. T.B.	58	2 3.4	3 5.1	17 29.6	30 51.7	6 10.2
Bright's Dis.	222	4 1.8	3 1.3	25 11.2	79 35.7	111 50.0
Cancer	783	3 0.1	11 6.2	78 15.5	163 36.3	313 67.1
Apoplexy	398	1 0.3	3 0.8	15 3.8	136 34.1	243 61.0
Organic Heart Disease	602	1 0.2	-	11 2.2	113 18.8	478 79.8
Accidents	180	16 8.9	17 9.6	40 22.2	51 28.3	56 31.2

22.5b
By Special Causes

	1947	1954	1953	1952	1951	1950	1949	19	1947	1947
TOTAL - All Causes	212	209	200	211	213	213	2066	2222	202	2023
Infantile Paralysis	3	2	-	3	1	4	5	2	-	4
Typhoid Fever	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	1	-	-
Measles	-	1	-	1	-	-	-	1	-	2
Tetanus	-	-	-	-	-	-	-	2	-	-
Scarlet Fever	-	-	-	1	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	1	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	1	-	-	-	-	1	1
Influenza	-	1	5	2	3	1	-	4	4	4
Epidem. Mening. (CRSP)	5	1	1	2	2	-	4	2	3	7
Other Epidemic Diseases	-	-	-	-	-	-	-	-	2	2
T.B. of Lungs	-	50	70	131	112	151	158	211	239	229
T.B. Meningitis	2	5	12	8	12	7	10	8	8	13
Other Tuberculosis	6	4	7	10	15	18	13	10	12	19
Cancer and Unl. Cancer	143	73	21	739	791	791	725	780	771	735
Simple Meningitis	11	12	10	10	8	11	6	8	9	9
Apooplexy - Left Brain	37	121	193	121	327	120	173	170	170	170
Organic Heart Disease	201	173	193	177	170	1862	172	-	170	173
Lobar Pneumonia	51	55	46	61	53	75	57	55	71	93
Broncho Pneumonia	93	91	77	87	70	88	94	-	89	90
Other Respiratory Diseases	17	17	10	13	17	106	107	113	120	123
Diseases of Stomach	46	54	32	31	42	22	43	3	35	17
Diarrhoea (Under 5)	13	12	6	6	2	8	11	2	13	3
Appendicitis & Typhilitis	-	6	-	-	6	6	12	7	11	17
Gynaecol. & Int. Obst.	33	50	42	56	41	31	40	36	39	35
Cirrhosis of Liver	81	83	94	70	69	71	59	77	55	51
Bright's Disease & Nephritis	222	171	211	207	200	210	219	275	281	285
Dis. of Women (Not Cancer)	-	3	2	1	1	2	1	4	5	7
Puerperal Septicaemia	-	-	-	1	-	-	1	-	1	2
Other Puerperal Disease	-	12	10	17	7	10	11	10	11	14
Non Puerperal Diseases *	10	-	-	-	-	-	-	-	-	-
Cong. Deb. & Walf.	320	320	200	317	322	293	301	317	337	331
Old Age	3	3	1	6	8	19	6	17	19	13
Accidents	17	170	228	226	197	191	174	212	200	234
Homicides	30	1	12	31	26	19	28	29	23	31
Suicides	31	31	27	31	39	20	46	51	51	42
Ill-Defines	37	57	45	33	61	20	16	11	63	51
All Other Causes	260	242	242	271	271	59	73	536	543	517
Rate Per 1000 Pop.	11.7	11.5	12.0	12.1	11.5	11.7	11.3	11.1	11.5	11.1

* Recorded as "All Other Causes" prior to 1951

DEATHS UNDER ONE YEAR BY CAUSES 1918-1955

Yr.	Meas- les	Prote- infect.	Pneu- monia	Menin- gitis	Diar- rhea	Other Diseases	Cont. Diseases	Cong. Deb. Prematur.	A. I. Others	Total
1918	33	54	156	30	273	83		442	112	1213
1919	2	42	87	24	244	27		345	91	862
1920	16	57	143	19	191	66		402	100	994
1921	5	38	83	12	178	27		403	91	837
1922	14	44	128	11	153	22		352	98	822
1923	15	42	94	10	105	21		376	103	756
1924	4	38	106	17	115	24		356	86	746
1925	3	26	99	11	105	23		376	103	746
1926	17	12	112	5	102	16		383	70	753
1927	0	13	91	10	70	28		357	67	636
1928	11	8	97	12	68	19		356	55	626
1929	0	14	121	8	43	28		307	73	594
1930	4	9	95	10	33	10		278	73	512
1931	0	10	86	17	30	21		273	53	490
1932	0	2	67	5	13	12		232	40	371
1933	2	2	75	2	18	10		191	56	356
1934	0	2	52	5	23	2		221	37	342
1935	3	3	59	7	22	16		264	43	417
1936	0	5	51	10	13	9		202	42	332
1937	4	0	47	1	26	6		167	36	287
1938	0	3	40	3	10	10		211	33	310
1939	0	2	28	1	18	6		201	47	303
1940	0	1	26	4	14	0		223	32	300
1941	1	0	23	7	10	5		241	31	318
1942	2	1	41	3	8	2		260	35	352
1943	0	1	41	5	14	5		255	46	367
1944	0	1	43	8	23	3		275	22	375
1945	0	1	56	3	8	3		280	39	390
1946	0	0	44	3	3	4		330	32	416
1947	0	2	30	2	13	2		333	47	429
1948	0	0	26	1	2	1		315	43	388
1949	0	2	37	3	8	1		298	40	389
1950	0	2	28	1	8	0		288	30	357
1951	0	0	26	7	2	1		316	27	379
1952	0	6	32	5	4	0		316	42	405
1953	0	3	23	2	6	1		297	32	364
1954	0	2	29	6	11	0		321	43	412
1955	0	0	42	4	9	3		354	44	426

BIRTHS & INFANT MORTALITY RATES BY WARDS - 1955

Wards	Total Births	Total Deaths	Total Deaths Col.	Deaths Under 1 Yr.	Infant Mortality
North	1688	214	12.7	43	25.4
East	1963	679	34.6	58	29.5
West	1520	429	28.2	46	30.3
South	1548	537	34.0	57	36.8
Central	2185	1190	72.8	93	42.5
N.R.	5439	161	3.3	129	23.7
TOTAL	14343	3630	25.4	426	29.7

INFANT MORTALITY RATES 1ST YEAR 1917-1955

Year	Under 1 Year	Over 1 at Und. 1 Wk.	Under 1 Wk.	Over 1 Week at Und. 1 mo.	Under 1 mo.	Over 1 mo. at Und. 1 yr.	Under 1 yr.
1917	-	-	-	-	30.9	-	-
1917	-	-	-	-	30.7	-	-
1920	-	-	-	-	30.4	32.1	-
1923	-	-	-	-	35.4	36.1	31.4
1926	-	-	-	-	31.4	2.1	-
1929	-	-	-	-	2.4	1.4	2.2
1932	-	-	-	-	2.4	1.4	2.2
1934	11.9	9.4	11.4	5.1	2.2	1.4	1.4
1937	9.7	6.7	10.3	5.1	21.6	1.4	1.4
1940	12.4	8.4	20.8	3.9	21.7	1.4	1.4
1943	9.2	8.3	17.6	3.8	21.4	9.1	1.4
1946	11.6	9.5	21.2	2.1	21.2	7.2	2.1
1949	8.6	10.0	18.6	3.1	21.4	7.1	1.4
1950	8.7	9.7	18.1	3.3	21.1	1.4	22.0
1951	10.4	8.7	19.1	2.4	21.4	1.4	21.0
1952	9.1	9.3	18.4	1.4	22.1	6.4	24.0
1953	8.1	9.9	18.1	2.4	20.4	1.4	25.0
1954	11.2	7.2	18.3	3.2	21.4	7.1	27.0
1955	12.8	7.6	2.1	2.6	22.9	6.1	24.7

Breakdown Under One Month Not recorded until 1934.

INFANT MORTALITY BY COLOR

Year	White Inf. Mort.	Col. Inf. Mort.	White Post Neonat.*	Colored Post Neonat.*	White Neonat.**	Colored Neonat.**
1917	81.0	162.1	13.6	46.0	37.4	66.1
1921	67.9	132.4	32.4	79.4	35.5	54.5
1923	65.0	112.4	21.7	64.1	35.3	46.3
1925	61.0	155.1	34.8	89.9	27.2	65.2
1927	54.7	140.5	25.1	59.9	20.6	80.6
1929	49.8	138.7	23.2	70.3	26.6	68.4
1931	46.3	95.5	21.8	45.8	21.5	49.7
1933	39.1	81.1	17.2	42.8	21.9	48.3
1935	50.7	84.8	18.6	45.9	32.1	38.9
1937	34.5	61.5	12.9	37.8	21.6	23.6
1939	36.7	74.8	18.4	32.2	18.3	42.6
1941	28.5	62.6	7.5	21.4	21.1	41.1
1943	27.6	59.6	6.9	31.4	20.7	28.3
1945	31.7	54.6	10.5	20.8	21.2	33.7
1947	25.3	54.5	5.9	11.7	19.1	42.8
1949	22.3	61.9	5.0	17.2	17.3	44.7
1950	22.2	49.7	4.1	9.1	17.8	40.3
1951	23.6	42.1	4.0	10.8	19.6	31.3
1952	22.3	57.6	4.8	14.3	17.5	43.3
1953	21.9	40.8	4.1	8.2	17.9	32.6
1954	22.4	45.9	5.3	13.2	18.3	32.7
1955	23.7	47.4	4.2	14.3	19.5	33.1

* Over One Month But Under One Year

** Under One Month

BIRTHS BY ATTENDANT AND PLACE OF DELIVERY

(TO SHOW TREND SINCE 1915)

Year	Total Births	Non-Res. Births	Hosp. Deliv.	Home Deliv.		No Attendant	% Births Del'd in Hospitals.
				Phys.	M.W.		
1915	10,955	238	1,295	4,243	5,414	3	11.8%
1919	11,315	554	-	-	5,148	0	-
1923	11,111	-	-	-	3,552	0	-
1927	10,012	1,246	4,995	2,709	2,338	0	49.7%
1931	9,506	2,137	6,824	1,491	1,191	0	71.8%
1935	7,638	1,812	6,076	1,047	515	0	79.5%
1937	7,654	1,956	6,082	603	374	0	87.2%
1939	7,950	2,180	7,315	401	231	0	92.0%
1941	9,765	3,162	9,282	325	158	0	95.1%
1943	11,856	3,778	11,230	432	194	0	94.7%
1945	11,254	3,216	10,307	272	115	0	96.6%
1947	11,710	5,206	14,419	211	80	0	98.0%
1949	13,409	4,881	13,174	192	43	0	98.2%
1950	13,174	4,977	12,969	171	34	0	98.4%
1951	14,020	5,701	13,850	133	37	0	98.8%
1952	13,968	5,683	13,783	161	24	0	98.7%
1953	14,116	5,570	13,961	133	22	0	98.9%
1954	14,444	5,700	14,146	135	23	0	98.9%
1955	14,343	5,439	14,181	141	21	0	98.9%

PNEUMONIAL DEATHS AND STILL BIRTHS

Year	Puer. Deaths	Mat. Mort. Per 1,000 Del.	Births	Still Births	Still Births Per 1,000 Del.
1918	53	4.5	11,601	535	44.1
1920	76	6.4	11,734	448	36.8
1922	58	5.2	10,993	422	37.6
1924	87	7.5	11,449	502	42.0
1926	71	6.5	10,460	437	40.1
1928	69	6.7	9,802	385	37.6
1930	67	6.6	9,824	367	36.0
1932	40	4.4	8,782	340	37.3
1934	41	5.2	7,565	256	32.7
1936	29	3.9	7,236	233	31.2
1938	23	2.8	7,936	247	29.9
1940	29	3.3	8,538	206	23.6
1942	22	1.8	12,016	301	24.4
1944	9	.8	10,792	253	22.9
1946	16	1.2	13,427	322	23.1
1948	10	.7	13,703	306	21.8
1950	12	.9	13,174	264	20.9
1951	17	.5	14,020	313	21.9
1952	16	1.1	13,968	264	18.9
1953	10	.7	14,116	330	22.9
1954	13	.9	14,444	266	17.1
1955	6	.4	14,343	310	21.2

SANITARY DIVISION

Edward A. Smith, Chief Sanitary Inspector

Although the major portion of our Sanitary Division which covered Slum Clearance of residence rehabilitation, was transferred during 1954, to the City Division of Inspections, the Health Division maintains a staff of 10 inspectors, mostly motorized to investigate sanitary complaints and to insure sanitary conditions by enforcement of the Sanitary Code.

This group also regulates Rodent and Vermin Extermination and Supervises fumigation with dangerous gases. They also carry out the rabies phase of dog control by investigating all animal bites, quarantining the biting animal and determining freedom from rabies.

Sanitation

Hearings held (No. of cases)	260 Nuisances confirmed	7428
Cases Prosecuted	290 Notices Served	7026
Convictions	213 Abatements	5850
Total Inspections	37,609	
Complaints investigated **	6,732** Investigation of 1060 complaints proved to be unjustified.	

The nuisances confirmed included hundreds of different conditions. The largest in number were the following:

Heat (Insufficient or defective Equipment)	932 Dog-Cat Conditions-Barking	
Insanitary Housekeeping - -	194 filth, odors, etc----	1303
Overcrowding (Insuff Airspace)	276 Defective walls--ceilings, etc.	836
Accumulations (Garbage-refuse)	1059 Rodent & Vermin Infest	488
Garbage Cans (Insuf-Improper)	578 Weeds	84
Sewage-Accumulation, etc.	76 Celler Sleeping	58

Licenses & Permits: After inspection and approval, following permits were granted

Ice Trucks	Refuse trucks	Keeping fowl	Animal permits
73	18	119	4

Fumigation Control

Extermination and other procedures by use of dangerous gas is limited to licensed fumigators who must pass a written examination. Every fumigation is then supervised.

Rummage Sales	154 Structure Demolitions	225
Factory & Brewery	41 Rodent & Insect Insp	389
Vaults	44 City & Priv. Dump "	10
Freight Cars	11 Total such inspections	524

Rabies Control

The live stock of the city have been all at the Veter (which must be a Veterinarian) and the city has been vaccinated. If a Maltese well, a dog, a cat, a horse, the live stock and the animal did not live at the Veter. The live stock at time of being. The live stock must be vaccinated and does not need the Pasteur treatments which we provide free for live stock when animal has been found to be rabid infectious).

During the year 1937, there were 10,571 dogs--40 cats--40 other animals. No other animals, proved to have rabies and therefore no Pasteur treatments needed.

Dog Control (licensing-stray dog control etc.)

Lawrence Rogers, Supv. Dog Control

During the year, the pickup of stray dogs (All dogs in public must be on leash) was improved and the dog control. In 1937 this arrangement was improved and greatly improved. The Dog Division secured 2 dog ambulances of its own, operated by dog wardens (dog catchers). The Humane Society is now approximately \$11,000 per year to supply housing and feeding for all animals picked up by us or brought by owners to be disposed of, etc.

The Shelter contract, as well as the cost of trucks, equipment and all expense other than salaries are more than covered by the dog license fees. (See financial report page)

Dog Licenses issued	\$2.25 each	12,147
"Seeing Eye" dog licenses (free)		3
Pet Shows Licensed	16 Kennel Licenses	3

The City pays the State 25¢ out of each license fee and the State provides free Rabies Vaccine. The City offers free rabies vaccination for each licensed dog, and also the Veterinarians special low fee of \$1.00 for each vaccination. Only by popularizing the annual vaccination of dogs, can we feel confident that our present freedom from Rabies will continue. It is now 8 years since rabies occurred here but in 1926 we had 30 rabid dogs and 21 persons underwent Pasteur treatment. The compulsory leashing of dogs (all year) was invoked at that time. Under the free vaccination arrangement 2046 Newark dogs were vaccinated this year. We hope to increase the number.

These ambulances during the year picked up 1873 unleashed dogs and also picked up 2663 stray cats. Owners of dogs picked up may redeem them from the Shelter upon payment of a small fee to the City. During year 1279 dogs were so redeemed. The City Sanitation Department trucks pick up dead animals at the Shelter or on the street. Dogs are destroyed if not redeemed in a reasonable time. Those trucks picked up 10,571 dead cats and 8822 dead dogs during the year.

FOOD AND DRUG BUREAU

Joseph E. Connolly, Asst. With Officer
Michael J. Carson, Asst. Chief Insp.

David A. Morgan, Chief Inspector

This Bureau supervises the preparation, handling and distribution of milk and foods, (other than meat) drugs and cosmetics. This requires periodic inspection of all plants handling milk and milk products and a reasonable percentage of dairies supplying same, both inside and outside the State. There are seven inspectors assigned to dairy products work and sampling.

This Bureau works in close cooperation with the U.S. Food and Drug Administration and the State Department of Health in the enforcement of both the Federal and State Laws through inspectional work, embargoing and condemnation.

Our City Control work includes inspection to determine compliance with City Health Ordinances, Federal and State laws. Separate swabs are taken of all eating and drinking water. At times, swabs are taken of equipment used in the handling of food to determine cleanliness. The food and water samples carried on of foods are also taken.

CITY INSPECTIONS

	PLANT	PLANT	PLANT	PLANT
Hotels, Restaurants, etc.	716	0,000	1,000	1,000
" Taverns	496	1,000	1,000	427
" Confection	206	452	Grocery and	
" Delicatessen	31	69	Delicatessen	1,000
" Drug Stores	53	221	Produce	3,421
Bakeries	175	458	Drug Stores	178
Miscellaneous Plants	58	140	Miscellaneous	212
				1,000
Total city inspections		17,148		
Notices served	3,002	Hearings on violators	283	
" abated	2,190	Misc. Food samples taken	410	
Complaints investigated	448	No. embargo notices mailed		
Cases turned in for legal action	37	or served and abated	20	
		Milk Vending Machine		
		Licensed	62	

London, Ontario, has been notified by the U.S. Food and Drug Administration that 5 gallons of potato salad and 1 gallon of macaroni salad were found to contain coliform bacteria. The products were found to be contaminated by the same bacteria.

Blair, Ontario, has been notified by the U.S. Food and Drug Administration that 1 gallon of potato salad was found to contain coliform bacteria. The product was found to be contaminated by the same bacteria.

An investigation covering prepared and packed salads ready for human consumption necessitated the condemnation of 2732 lbs. potato, macaroni salad and cold slaw. A complete follow-up with the cooperation of the concerns in regard to the proper handling of these products was accomplished.

During the year in cooperation with the Federal Authorities numerous vials of poliovaccine were located and ordered returned to the manufacturer and in some cases it was necessary to embargo a number of vials.

MILK & DAIRY INSPECTIONS

Inspections Report	Insp.	Re-Insp.	Total	Excluded
Pasteurizing Plants	243	14	257	3
Receiving Plants	254	17	271	0
Dairies	7685	323	8008	121
Milk Depots	7	0	7	0
Ice Cream Plants	212	0	212	0
TOTALS	8401	354	8755	124

Milk Condensed 35,110 qts.

Dairy Products Sampling			
Milk Samples (Bacteriological)	3346	Chemical 2512*	5858
Cream " "	646		1257
Ice Cream Samples & other			
Frozen Product (Soft Ice Cream)	213	214	427
Ice Cream Mix Samples	9	9	18
" "Unmixed "	1	1	2
			7562

*All 2512 Chemical Milk Samples were Phosphatase Tested to determine proper pasteurisation. All were satisfactory.

DIPPER WATER SAMPLES

	Bacterial Count B.Coli	
Samples taken at various establishments	128	128

OCCUPATIONAL CLINIC

William T. Rumsage, Physician-in-charge

This clinic has for years supervised examinations required by ordinance of all food handlers and domestics. During recent years, however, it was found that among food handlers we found very few unsuspected syphilis cases and they had all reached the non-infectious stage, and few unsuspected tuberculosis cases, therefore, the ordinance was amended eliminating the need of physical examinations for food handlers and substituting a compulsory health instruction course for such workers. The clinic, therefore, examines mostly domestic employees who must still be examined annually and secure health cards. This examination includes chest x-ray for possible tuberculosis, blood test for syphilis, and an oral test for Vincent's Angina. Positive cases found are referred to the Chest Division and Venereal Disease Division for follow-up, and to the Dental Clinic or private dentist if positive for Vincent's Angina. Temporary cards are given until clinic is advised that the patient is cured or is not infectious.

During the year 2,719 domestics were examined and received health cards including 382 examined by private physicians. Temporary cards were issued, including 146 tuberculosis and 52 for Vincent's Angina. 273 were rejected for venereal disease. All of these were either cured quickly in the case of gonorrhea or were approved for cards as non-infectious in the case of syphilis and tuberculosis. During the year 50 taxi-drivers and 119 Foster Parents were also examined, as such examination is required by State Law. Most such employees secure the examination by private physicians.

VETERINARY MEAT INSPECTION DIVISION

JOHN J. DEVINE, V.M.D.
Chief Veterinarian

JOSEPH H. HEAL
Chief Meat Inspector

This Division is responsible for the inspection of meat, fish and poultry, poultry and fish, as to wholesomeness and fitness for human consumption. It inspects meat processing and poultry slaughtering plants, meat markets and retail meat markets and stores. We also inspect the commissaries of restaurants, meat rooms, meat and fish trucks and loading platforms for poultry, and meat freezers. It inspects all deliveries of meat, fish and poultry to all city institutions. All work is carried out by a staff of trained meat inspectors and veterinarians with State licenses.

All dressed meats offered for sale in Newark must be stamped red under U.S. Meat Inspection Service, our own veterinarian or meat inspectors and veterinarians of communities with approved adequate meat inspection.

The City of Newark, N. J. Meat Inspection Service is identified with some forty-five meat processing establishments licensed by this division.

A Newark meat inspection legend with identifying number is stamped on all products processed in these establishments, where the products are checked for control of temperature, formula compliance, adulteration of meat, and the canning, mixing, drying, curing, smoking and cooking of products.

Over 15 million pounds of processed, ready-to-eat meats are manufactured under direct supervision of this division and sold throughout the State of New Jersey.

In 1955 a program was inaugurated requiring that all poultry and poultry meat products offered for sale in the City of Newark be inspected at the source of processing.

FOLLOWING ARE WORK STATISTICS for 1955

inspections & Reinspections (16,896)

Abattoirs	118	Wholesale Live Poultry ...	1,156
Wholesale Meat & Dressed Poultry	488	Truckloads of Poultry	2,010
Loading Platform	61	Wholesale fish	161
Commissaries	57	Provision Mfg. Plants	3,532
Refrigeration Plants	61	Retail Establishments	10,037
City Institutions & IceBoxes .	522	Total	16,896

condemnation 35,678 lbs. of poultry and 14,309 lbs. of meat and fish products.

Approved over 500,000 lbs. meat, poultry and seafood in our City Institution inspections.

Samples for analysis	969	License Fees (\$4,875.00)	
Complaints investigated	34	Poultry Slaughter House	\$ 780.00
Notices served	173	Meat Jobbers	780.00
Abatements	148	Meat Plants	3,250.00
Court Cases (fines \$2,145.)	31	Live Poultry	60.00
		Total	\$4,875.00

COMMUNICABLE DISEASE DIVISION:

Dr. Joseph W. Gardam, Physician-in-Charge -- William S. Jennings, Chief Inspector

"The price of safety is eternal vigilance."

1. The work of the Communicable Disease Division is essentially the same as it has been for some years back except that PREVENTION has increased to a great degree and the active control of existing cases has lessened. The number of new cases has fallen off and our staff has devoted the bulk of their time and energy to preventive measures.

This year has been outstanding in that Salk Vaccine was released and we have taken steps to use this material in the parochial, public, and private schools, and through doctors in private practice. We are grateful to all agencies and individuals involved for their efforts to make this program a success. The amount of effort and planning for this new procedure has been tremendous. The number of immunizations done, in no way shows the amount of effort expended on this project by our staff. We are pleased with the totals however, and expect even greater numbers next year.

Public Schools.....	20,124	inoculations
Parochial Schools.....	6,864	"
Clinics (Baby keep well stations)	625	"

GRAND TOTAL..... 27,613 Inoculations given
(All children between the ages of 1 to 15 years, and pregnant women.)

2. In spite of added Salk program, no let-up has taken place in the use of Diphtheria, Whooping Cough, and Tetanus vaccine. Dr. Walter C. Alvarez of the Mayo Clinic said in a recent article, "A sad feature about medicine today is that when a disease such as Diphtheria comes well under control and almost dies out, physicians, and particularly laymen, tend to become careless. We think the disease may be ignored, but unfortunately, a few cases keep appearing in the community and these can start very dangerous epidemics." Consequently, our program has been pushed and starts soon after the birth of the child, being carried forward until the individual is through high school. The original injections are given between the 1st and 6th month, booster doses being recommended at the end of the 2nd and 4th years, and then the child is followed carefully during its school life. In addition to this, the department has been forced to practically police various areas of the city due to a tremendous increase in certain racial elements over the past two years. Airplane travel has made it possible for many people to arrive in this city in a matter of a few hours, possibly bringing disease with them. Consequently, it becomes necessary for us to follow up and immunize these people. The attached figures speak for themselves, but it is well to realize that we made 15,252 home visits this year, to urge and enforce combined immunizations. The private physicians again have done more than their fair share of this job. This department feels that the more immunizations done by private physicians, the better, for we are sure that the cooperation given this department is one of our most valuable assets, and medical work primarily belongs in the hands of the patient's physician.

3. Vaccination against Smallpox is still done throughout our school system, by private physicians and our various clinics. Although we have not had active cases with smallpox in some years, we do not permit any let down in this procedure. It is well to remember that a well vaccinated population is safe against Smallpox. Revaccination should be performed, and are urged, at all ages, at 5 year intervals.

In the event that a case of _____ is set up and plans have been made to meet the emergency adequately on a scientific basis. Vaccination stations will be _____ of 2, hours and in the event that a case should occur within a reasonable distance of our community, we strongly urge that every citizen of the city immediately be revaccinated.

IMMUNIZATION REPORT - WHOOPING COUGH, DIPHTHERIA & TETANIS
(Note outstanding contribution by private physicians)

WHOOPING COUGH

DIPHTHERIA

TETANIS

	<u>Private Doctor</u>	<u>Health Clinic</u>	<u>TOTAL</u>	<u>Private Doctor</u>	<u>Health Clinic</u>	<u>TOTAL</u>	<u>Private Doctor</u>	<u>Health Clinic</u>	<u>TOTAL</u>
1941	0	4161	4161	2380	2004	4384			
1943	1095	2819	3914	4593	3074	7667			
1945	4542	3052	7594	6484	4052	9136			
1947	6046	3324	9370	6787	3324	10110			
1949	5656	3352	8967	5849	3352	9201			
1951	3836	2272	6038	4038	2202	6040			
1953	4886	3377	8263	4885	3377	8262			
1954	5302	3629	8931	5302	3629	8931			
1955	4179	3654	7833	4179	3654	7833	4011	3654	7665

Note: In recent years practically all immunizations is with combined material.

4. GAMMA GLOBULIN: This material has been used with rather pleasing results this past year. It is well to note that where the material has been given, no second case of Poliomyelitis developed, likewise in Hepatitis it has kept the contacts safe and well protected. In Measles some cases were prevented and many modified. The attached table shows the number of contacts treated, and the amount given in order to protect and modify against the diseases mentioned.

<u>DISEASE</u>	<u>CONTACTS</u>	<u>C.C.'S ISSUED</u>
Measles	2481	5832
Poliomyelitis	216	2200
Hepatitis	89	106
Agamma-Globulinemia	4	70
TOTALS	2790	8208

In a few instances of Agamma-Globulinemia, the material has been used with salutary effects.

5. CULTURE COLLECTING: Two men of this division have been assigned to culture collecting, and work steadily on a seven-day-a-week basis. They visit a total of 36 stations, 21 of which are in drug stores through the various parts of the city. This means a grand total of 13,440 stops made by these men during the year. Supplies are left at these stations for the use of the doctors, at the same time specimens are picked up. Attached is the table showing the number of different specimens left at stations by physicians and picked up by the Culture Collectors for examination at the department laboratory.

<u>Vincent Angina</u>	<u>Cultures</u>	<u>Blood specimens</u>	<u>Sputum jars</u>	<u>Wassermans</u>	<u>Neisser Outfits</u>
439	572	79	1290	12,756	1,264

<u>MORBIDITY REPORT</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>11 yr. Norm.</u>
Diphtheria **	0	4	2	5	0	1	0	1	0	0	0	0
Scarlet Fever **	604	496	433	345	482	112	135	206	204	142	89	206
Typhoid Fever	18	2	4	1	0	2	0	4	1	1	2	1
Para Typhoid	1	2	1	1	1	0	0	0	1	0	0	1
Tuberculosis	495	575	528	538	536	526	513	480	529	511	490	526
Undulant Fever	5	0	1	3	1	3	1	0	0	0	0	1
Trichinosis	8	5	4	7	3	0	1	2	0	0	0	2
Lobar Pneumonia	732	686	502	452	458	423	351	268	188	171	102	423
Broncho Pneumonia	545	623	494	629	654	593	489	542	451	322	374	542
Epidemic Meningitis	52	32	21	10	8	9	11	10	18	8	12	11
Infantile Paralysis **	50	19	17	31	99	49	22	29	34	49	62	34
Whooping Cough***	765	1098	1373	288	486	761	296	218	258	237	169	296
Measles	191	11392	454	6247	5782	2370	3536	11090	262	3434	8833	5782
Erysipelas	53	53	40	28	24	25	9	27	11	6	5	25
Vincent's Angina	1568	1207	1168	1194	1148	455	631	275	65	120	76	631
Ophthalmia Neonatorum	68	44	16	45	62	5	5	2	2	3	9	6
Puerperal Fever	1	0	2	0	1	0	0	0	0	0	0	0
Dysentery (Amb.)	2	0	0	4	0	0	1	0	0	0	0	0
Tetanus	0	2	1	1	0	0	2	1	0	1	0	1
Influenza	109	57	45	35	32	53	66	35	59	30	20	45
Malaria	86	46	9	2	0	4	0	3	3	1	0	3
Virus Pneumonia *	-	79	48	58	58	76	60	25	30	29	29	58
Strep Sore Throat	29	16	24	20	18	6	2	6	0	4	1	6
Epilepsy	57	48	46	48	28	15	34	31	28	28	54	34
Infectious Hepatitis	-	-	-	-	-	-	-	-	9	56	22	22

* Not reportable until 1946
 ** Placarded
 *** Arm band required

YEARLY ACTIVITIES

Inspectors' Home Visits - Quarantine & Isolation.....	9523
Soho Discharge	439
Wrong Address	188
Complaints.....	187
Immunisations	15,252
Hearing Notices served.....	415

TOTAL..... 26,004

CITY DISPENSARY

Melvina E. Ryan, R.N., Director of Public Health Nurses - Oscar B. Stevens,
Chief Pharmacist

The Medical Deputy Health Officer provides the medical supervision.

The City Dispensary provides clinic treatment for medically indigent as well as those on relief. Home Medical Care is also provided by doctor calls and paid for by the Relief Department for patients actually on relief and by the Health Department for those not on relief but unable to pay. The patient is given free choice of physician. The clinic treatments of the sick poor do not include approximately 10,000 venereal disease treatments, 50,000 tuberculosis and cardiac examinations and treatments, nor the examination of 2,000 domestics. That is more truly preventive medicine and is reported upon elsewhere in other divisional reports.

There were 79,050 free treatments during the year for 28,768 different patients. This is about 1,300 more than our treatment load for 1954, but far higher than the low point of 24,000 in 1945 and 36,000 in 1947.

Free prescriptions for patients at Clinics or visited by physicians at home, totaled 52,317. The Pharmacy also supervises distribution to Clinics and private doctors of free immunization material and testing material such as vaccine points, toxoids for diphtheria, whooping cough and tetanus (usually combined in one material), schick test, typhoid vaccine, measles immune globulin, typhoid, etc., as well as cod liver oil for our Well-Baby Stations.

A special service which provided first injections of Salk Vaccine to pre-school and school children was started in the Parochial Schools and continues during the summer at the City Dispensary. First injections of Salk Vaccine are still being given at the Dispensary for pre-school children. Those children attending public school and who are absent on the day the vaccine is used in that school may receive an injection at the Health Department if a request is sent by the school nurse or principal with the parent.

Another service instituted this year is the physical examination done on all new employees employed by the City. The examination consists of a complete physical, blood, ressure, chest x-ray and urinalysis. Final disposition as to the employability status is determined from the result of this examination.

There has in the past year been a more extensive Health Education program carried on with lectures on Public Health Nursing principles. These lectures were conducted at Hartland Medical Center and future engagements are scheduled for there and Clara Maas Hospital.

The Dispensary has a small staff of medical social workers who check on ability to pay. Spot-check home visits are made, especially for doctor visits to the home. With doctor visits, we must naturally send a physician first, and if the doctor suggests ability to pay, we investigate and bill, if not eligible. No future calls are paid for ineligibles, 143 such refusals in 1955.

CITY LIBRARY (2)

In addition to interviews at the City and State hospitals, about 50% of the patients would be considered cured. When there is increase in free medical care due to improved economic conditions, there is a great reduction in the relief group, but an increase in the emergency department. In recent years, the percentage of relief clients has been as high as 40%. Many graduate from total incapacity to a slightly higher status but still below ability to pay for medical care.

CALLS ON THE SICK - Doctors made 5,29 calls to the medically indigent paid for by the Health Department at an average cost of \$3.40 per visit. \$45.00 for day calls - \$20.00 after 11 P.M., an increase of 4% over 1954. The Visiting Nurse Ass'n. made 4,27 home nursing visits for the sick. Of these, 31 were paid by the Relief Department and 4,11 by the Health Department at \$3.00 per call.

Our new, second Dental Clinic (for children only, now total nine. The main Dental Clinic treats children on 3 days and adults 2 days. See dental report).

DISPENSARY ANNUAL REPORT - 1955

<u>CLINIC TREATMENTS</u>	<u>1955</u>	<u>1954</u>	<u>1953</u>
Medical	9,345	9,180	7,808
Children	3,933	3,503	2,246
Surgical	2,943	3,398	2,366
Gynaecology	717	751	490
Skin	5,653	5,384	4,423
Rectal	444	478	547
Gastro Intestinal	1,334	1,305	1,037
Orthopedic	1,882	1,590	1,526
Alpine Lamp	12	44	26
Massage & Electrical Therapy	1,239	1,383	1,521
Dental (Adults)	4,438	4,828	2,516
Dental (Children, N.C.D. & 9 Neighborhood Clinics)	29,849	31,404	19,710
Neuro Psychiatric	318	488	416
Essex County Hospital Parolees	8	103	31
Nervous Diseases	1,979	1,320	1,278
Metabolic	1,475	1,462	1,281
Varicose Veins	686	690	683
Vaccinations	763	780	715
Immunization Tests	139	271	443
Insulin & Other Injections	2,329	2,588	3,262
Mental Hygiene	94	73	235
Tumor (Now at Martland Medical Center)	-	70	81
Eye	631	685	646
Chiropody	873	1,071	845
Public Welfare Medical Center	2,026	1,916	1,768
Contagious Releases	2,302	1,787	2,410
Total Clinic Treatments NCD	79,050	69,044	60,023
New Cases Treated NCD	21,603	20,772	18,838
Individual Patients NCD	28,768	27,418	24,914
Total Prescriptions	52,217	57,856	42,161
X-Ray Dental Films N.C.D.	15,482	13,818	7,773
X-Ray Chest Films 4x5 N.C.D.	8,435	7,597	4,710
X-Ray Chest Films 14x17 N.C.D.	1,161	1,062	808
Misc. Films (Various Films - N.C.D.)	284	4,444	3,432
Total X-Rays N.C.D.	23,362	23,921	15,723
Doctors Calls	5,299	4,951	5,269
Visiting Nurses Calls	4,707	4,905	3,829

Although the Dental Clinics have always been considered a part of the Dispensary, the work has gradually changed from a purely curative clinic, mostly for adults, to a preventive type of health activity. The work has been expanded since 1951 so that now we have one large clinic in the main Dispensary with four chairs (2 hours daily), three days for children and two for adults, and nine neighborhood clinics for care of children's teeth. They are located in schools, housing projects and boys' clubs but serve all the children in both public and parochial schools where parents cannot afford to pay. An additional clinic will open in 1956 in a housing project.

Definite lecture schedules within the schools are arranged to encourage and educate the children in better personal care of their teeth and improve their general hygiene. Routine dental examinations of parochial school children are carried out by staff dentists and nurses, and referral cards are issued for those needing dental attention either by their private dentist or, if medically indigent, in the clinics following social service investigation and approval.

There has been a limited experimental service with topical fluoride applications. This service is to be expanded and two dental hygienists are being added to our staff for 1956 to assist.

During 1955, the number of patients treated increased from 6,728 in 1954 to 7,498 in 1955 or 11.2% (5,955 children received 31,524 treatments; 1,543 adults received 4,706 treatments).

The Endodontia service gave 97 patients 237 treatments. The Orthodontia service treated a total of 179 children during the year. The X-Ray service processed a total of 15,842 dental films, an increase of 23.6% over 1954.

Of the 36,232 treatments this year, 4,500 were rendered to adults purely as an emergency measure, primarily the extraction of teeth. Steps for the future have been taken to transfer a large number of adults for this purpose to the outpatient service of the new Marland Medical Center Hospital, soon to be ready for operation. The manpower hours of the Dental Public Health Service heretofore rendering emergency treatment to adults will, to some degree, reduce the existing backlog of children of pre-school and school-ages presently requiring immediate dental public health care.

A program is also being formulated, staffed by Dentists and Dental Hygienists and designated as a visiting Dental Hygiene Unit, to be moved from school to school. This unit will examine, give prophylactic treatment and administer fluoride locally. Fluoride tablets given orally are also being considered. Fluoride locally will not be administered if the tablets are being taken internally.

Mortality 15.3 - Equalling Record Low

Our death rate in 1955 exactly matched the 1954 record of 68 deaths and 15.3 per CM and which had been the eighth consecutive year to set a new low rate. This is particularly gratifying in view of a recent report released by the U. S. Public Health Service indicating increased tuberculosis death rates over the same period in the Northeastern States. That report also emphasized "that for the first time since records were kept, the tuberculosis death rate was higher in New Jersey, New York, New England and Pennsylvania than in the Southern States."

The declining death rate and the publicity given to the "wonder drugs" has lead many to the conclusion that tuberculosis is no longer a problem, and "is on the way out." Mortality rate is not the best index for progress of a disease. Tuberculosis morbidity and relapse rates are far more important. These demonstrate that tuberculosis is far from conquered in spite of the marked decline in the death rate. The falling death rate can be attributed to earlier diagnosis, modern therapy, improved lung surgery, better hygiene and improved sanitation and housing. Many who would have died under the old regime now live and become useful members of the community. The surviving persons, however, may still have lesions that can flare into activity. We must realize that we are dealing with a disease that is characterized by chronicity and relapses. The arrested case of today may be shedding tubercle bacilli tomorrow starting a crop of new patients. Tuberculosis in the average patient has a symptomless onset and persons infected rarely seek medical advice. Most of our deaths are now in the older age group who may have developed the disease after middle life or may have had the condition since childhood.

Morbidity statistics do not parallel the sharp decline in mortality. Intense case finding programs have lead to discovering as many new cases at the present time as we did long before modern therapy was instituted. The following morbidity statistics emphasize this fact.

TUBERCULOSIS MORBIDITY

1948-----	538	1952-----	480
1949-----	536	1953-----	529
1950-----	526	1954-----	511
1951-----	513	1955-----	490

Ambulatory therapy for the open, active case has become a major problem since the advent of anti-tuberculous chemotherapy. Hospitalization is advisable, not only for proper medical and surgical care, but also for education in methods of preventing spread. Initial hospitalization is recommended until there is 1. Cavity closure; 2. Negative sputum and 3. X-ray improvement. The average practitioner usually cannot spare the time necessary on a single patient for the proper coverage of medical advice and treatment. There is also the question as to whether the patient will take the oral drugs as prescribed and report regularly for the streptomycin injections.

Case finding must depend upon two essential factors. 1. Mass x-ray surveys, especially where tuberculosis incidence is high and 2. Tuberculin testing of children, with x-rays and follow-up of positive reactors and their contacts.

X-RAY

Screening by mass x-ray surveys will turn up not only active, inactive and suspicious cases of tuberculosis but also other forms of lung pathology and cardiovascular abnormalities. The most essential part of a survey, is the follow-up program. Careful clinical follow-up must be instituted as rapidly as possible after a suspicious plate is found. Without an intensive follow-up the entire survey is of no value. When a suspected patient has a private physician, that doctor must follow the case and make a complete diagnosis.

During 1955, a survey was conducted in "target areas" where experience has demonstrated cases of active disease and 7,275 individuals were screened. Of this number 5.7% were found with pulmonary abnormalities and these are being followed at the present time. This percentage does not include the cardiac abnormalities discovered. In all x-ray surveys only a small portion of the entire community is actually covered in spite of all efforts. This still leaves a large portion of the population in which spreaders of the disease can remain undetected. A single negative plate does not guarantee against the possibility of active disease developing in the future.

TUBERCULIN TESTING

Tuberculin testing of children is as essential as the mass x-ray survey of adults. In fact both methods supplement one another. This test informs us rapidly as to who has been infected. These must be carefully observed and may lead to the source of infection. Our procedure has been to periodically screen all positive reactors well into adult life so that if an active lesion does appear it can be recognized early. The tuberculin test may reveal infection long before any plate will show pathology. The usual procedure would be to tuberculin test every member of the community and then to x-ray and follow-up all positive reactors. This would lead to a marked reduction in the roentgenographic expense. We have been following the procedure of tuberculin testing children up to the age of 15 in our clinics for many years.

In addition to the above methods, our control program requires isolation of active cases, close supervision of all contacts, commitment of un-cooperative cases and education of the public.

The unknown case still forms the greatest hazard and only when located and treated can be kept under control. In spite of all case finding methods many active tuberculosis individuals are never located. They are not recognized or diagnosed until just before or after death and they never have been under control. They are danger to spreading the disease. During the past ten years the following number of individuals with tuberculosis were not discovered until after their death:

1946-----	24	1950-----	37
1945-----	20	1951-----	21
1946-----	24	1952-----	22
1947-----	22	1953-----	29
1948-----	21	1954-----	22
1949-----	23	1955-----	30

CLINICAL EXAMINATIONS

There were 13,211 examinations as compared with 11,374 for 1954. These examinations were not only of active, inactive and latent tuberculosis but also of all other diseases of the respiratory system.

X-RAYS TAKEN AT CLINIC

There were 17,296 x-rays taken and 198 examined from other clinics. The number of fluoroscopic examinations was 1,300 as compared with 1,509 for 1954. Tuberculin tests were performed on 1,200 children as compared with 710 during the previous year. These figures do not include the tests performed in the parochial and public school systems. For the summer camps 635 were examined.

NURSES ACTIVITIES

During 1955, 29,432 visits were made to active and suspicious cases. Antituberculous therapy is given to bedridden cases while waiting to go to the sanatoria. Therapy has been instituted in cases diagnosed and waiting institutional care; also patients under private physicians unable to pay for prolonged treatment. Anti-tuberculous chemotherapy was administered on 1,101 visits to the homes and 2,338 in our clinics. Our nurses worked on the Salk vaccine project and on mass x-ray surveying during the past year. Lectures have been given to students from various hospitals in and about the city on prophylaxis, diagnosis and therapy of pulmonary tuberculosis by our Supervisor. We also continued instructions in public health and field nursing to affiliates from several hospitals.

CARDIAC DISEASE CONTROL

During the past year 4,538 examinations were made in our Cardiac Clinic. In addition, 1,100 electrocardiograms were taken and 3,583 injections of mercurhydrin given in treatment. The classification of cases under treatment is as follows:

Hypertensive-----	718	Congenital-----	12
Arteriosclerotic-----	277	Hypert thyroid-----	3
Rheumatic-----	65	Hypothyroid-----	3
Coronary-----	49	Anemia-----	1
Pulmonary-----	36	Pericarditis-----	1
Syphilitic-----	31	No Heart Disease-----	237
Unknown-----	19		

HAY FEVER AND ASTHMA

Testing of allergic and asthmatic patients in indigent and relief cases has been intensified and 2,568 number of patients were examined in 1955. These cases are not only tested and diagnosed but also receive therapy for allergies.

CHEST DISEASE BUREAU - 1955

DIVISIONAL WORK

Visits, Investigations by Nurses-----	24,432
(Patient Visits-----)	24,802
(Contact Visits-----)	24,938
Clinic Examinations - Tuberculosis, Adults and Children-----	1,221
Clinic Examinations - Cardiac-----	4,538
Clinic Examinations - Hay Fever & Asthma-----	2,500
X-rays-----	4x5 = 7,566) 11x17 = 4,724)
	12,290
Merc hydriol Injections-----	3,588
Streptomycin Injections (Clinic)-----	2,331
Streptomycin Injections (Homes)-----	1,101
Fluoroscopic Examinations-----	1,030
Patch Tests-----	1,400
Electrocardiograms-----	1,100
Camp Children Examinations-----	635
Pneumothorax Treatments-----	332

SANATORIA AND HOSPITAL EXAMINATIONS

Verona - County Sanatorium Clinic-----	265
Jlen Gardner - State Sanatorium Clinic-----	60
Sono - County Hospital Clinic-----	27

TUBERCULOSIS MORTALITY & MORBIDITY - ALL FORMS

<u>YEAR</u>	<u>POPULATION</u>	<u>NO. DEATHS</u>	<u>CASES REPORTED</u>	<u>MORTALITY</u>	<u>MORBIDITY</u>
1915	375,000	808	2146	215.5	572.2
1920	417,654	540	1790	130.4	428.1
1925	453,000	378	872	83.4	192.5
1930	460,000	445	1000	101.1	227.3
1935	455,000	316	654	69.5	143.7
1940	429,000	309	586	71.9	136.6
1945	443,000	247	495	55.8	111.7
1946	443,000	261	575	58.9	129.8
1947	445,000	259	528	58.2	118.7
1948	445,000	232	538	52.1	100.9
1949	443,000	211	536	47.6	120.5
1950	443,000	209	526	47.2	117.2
1951	443,000	169	513	38.1	115.8
1952	440,000	152	480	34.5	100.9
1953	440,000	97	529	22.0	120.2
1954	443,000	68	511	15.3	115.3
1955	443,000	68	490	15.3	110.6

DEATHS (Lapse of time after report case)

No. Cases reported prior to death - within 1 year-----	24-----	35%
1 to 2 years-----	2-----	3
2 to 3 years-----	7-----	10
3 to 4 years-----	2-----	3
4 and over-----	13-----	19
	<u>48</u>	<u>70%</u>

No. Cases reported after death-----	20-----	30%
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DEATHS BY AGE GROUP 1948 to 1955 (8 year total)

Under 1 year-----	24	45 to 54 years-----	326
1 to 19 years-----	135	55 to 64 years-----	335
20 to 24 years-----	99	65 to 74 years-----	150
25 to 44 years-----	682	75 and over-----	41

MORTALITY AND MORBIDITY BY WARD

WARD	POPULATION (EST.)	REPORTED CASES	MORBIDITY per CM Pop.	DEATHS	MORTALITY per CM Pop.
Central	88,000	179	203	27	30.7
East	92,000	135	146	24	26.1
North	88,000	63	72	7	9.1
South	90,000	49	54	4	4.4
West	85,000	48	56	4	5.9
NR		-	-	2	-
Total	443,000	490	110.6	68	15.3

TUBERCULOSIS - WHITE AND NEGRO

Year	Population		Reported Cases		Deaths		Morbidity		Mortality	
	White	Negro	White	Negro	White	Negro	White	Negro	White	Negro
1948	377,000	68,000	313	224	129	103	83.0	329.4	34.2	151.5
1949	367,000	76,000	313	223	119	92	85.3	293.4	32.4	127.7
1950	367,000	76,000	278	245	110	98	75.6	322.3	30.1	127.6
1951	365,000	78,000	260	253	85	83	71.2	324.3	23.4	106.4
1952	360,000	80,000	233	240	72	79	64.7	300.0	10.0	98.7
1953	360,000	80,000	268	260	48	49	74.1	325.0	13.3	61.2
1954	363,000	80,000	245	264	32	36	67.5	330.0	8.8	15.0
1955	360,000	83,000	221	267	25	43	61.4	313.7	6.9	51.8

1955 - 2 yellow cases reported

BUREAU OF CHILD HYGIENE

Dr. Julius Levy, Director - - - Edith DiAmato, R.N., L.Sc., Supervisor, Nurse

The infant mortality rate for 1955 was 23.7, an increase of 1.1 over 1954. This increase was due partly to the fact that there was a higher percentage of colored births in 1955 than in 1954. 25.3% of the total births in 1955 were colored, while in 1954 the colored births represented 22.4% of the total births. The neonatal mortality rate (deaths under one month) showed a slight increase - 22.9 for 1955 and 21.5 for 1954.

The mortality rate under one day in 1955 was 12.8, while in 1954 it was 11.2. The mortality rate over one day but under one week increased from 7.2 in 1954 to 7.6 in 1955. There was again an increase in the mortality rate under one week - 20.4 in 1955 and 18.3 in 1954. The mortality rate over one week but under one month decreased from 3.2 in 1954 to 2.6 in 1955. The post-neonatal rate (deaths over one month but under one year) was 6.8 in 1955, while in 1954 it was 7.1.

We are glad to report that as the result of very fine cooperation from the various Newark Hospitals we received by telephone notification of any newborn baby who died before leaving the Hospital. This notification not only saved the nurses from making unnecessary visits, but also saved the mothers from distress and the nurses from embarrassment by making calls in homes where the babies were already dead.

The white infant mortality rate for 1955 was 23.7 and the colored infant mortality rate was 47.4, just twice that of the white rate. The white neonatal mortality rate was 17.5, and the colored neonatal mortality rate was 33.1 for 1955. The post-neonatal mortality rate for white infants in 1955 was 4.2, while for colored infants it was 14.3. This would indicate that the poor social-economic and housing factors showed their influence more markedly in infants over one month but under one year.

The maternal mortality rate for 1955 was .4 per 1,000 deliveries, 50% lower than it was in 1954.

Births are now being reported within five days, as required by Law. For a time a number of Hospitals were not reporting births until a longer time had elapsed. This early reporting allowed the nurses to visit a newborn baby promptly and to give the mother prompt instruction in the care of her infant.

The nurses made 87,142 visits in 1955 to 20,270 babies under two years of age, 8,895 of whom were born in 1955. 3,886 babies attended the Baby-Keep-Well Stations during the Year, making a total of 15,043 visits.

The nurses of their own volition have taken and personally paid for private instruction in Spanish to enable them to work more effectively with the increasing Spanish-speaking population which has developed over the last several years.

Our emphasis in the teaching of mothers has continued to be on the emotional and mental development of children and the importance of what we call "Anticipatory Guidance". Mental hygiene films were shown to parents of supervised babies in a series - one film a month at three different Stations for three

ments. The follow-up was followed by a physician and down to the parents and led by a staff physician. They were fairly well attended, and the others in these categories would consider the interest in the general topics under parent-child relations etc. The files were shown at Home Projects, as they lend themselves readily for this purpose.

There were 250 boarding homes studied for licensing and renewal of license in 1941. Of this number 22 new homes were licensed, 129 licenses were renewed, 14 homes were rejected, 69 applications were withdrawn, and 24 licenses were not renewed.

During the Year 64 homes were closed, 34 of which were not routine closures. In February the Bureau of Combustibles and Fire Risks ruled that portable oil heaters or stoves in boarding homes for children constituted a dangerous fire risk; therefore, 12 boarding homes, unable to convert to central heat or another type, were discontinued.

On April 20 in a test case brought by our Division it was ruled that the 1935 State Law exempted private homes in which the State Board of Child Welfare placed children from being required to obtain a license from us. As a result the licenses already issued were withdrawn from the private homes used by the State Board of Child Welfare. In view of this ruling, the Division of Health requested an interpretation from the Law Department on homes used by public and private child-placing agencies. Their interpretation was that these agency homes, also, are not required to hold a license; therefore, 42 such licenses were withdrawn.

The major activity of the social worker was concerned with boarding homes. Other important phases of her work were the inspection and supervision of day nurseries, nursery schools, and child-care centers (in cooperation with the State Department of Education), consultant and advisory services to individual agencies, information on opening and operating nursery schools and day-care centers, emergency service on family situations affecting the emotional and physical health and welfare of others and children referred to child welfare sources, cooperating with child-placing and family agencies in the community, and attending conferences and meetings in the maternal and child health field.

The examination and investigation of boarding homes entail considerable effort and time, as the purpose is not only to determine if the home is physically acceptable but also to learn if the applicant seems to be a kind and personable person. The worker "notifies" the child-placing agency of the results of the investigation and is licensed home regularly to be the supervisor of the same and of the care and supervision of the children who would receive.

Through various sources we learn of many homes where children have been placed. Attempts are made to license these homes, if the most favorable results, or to have children and in undesirable homes returned to their mothers or placed in foster homes under the supervision of a child-placing agency.

Inadequacy in the day-care of children and for various reasons cannot be said to be the cause of the home in which children are placed and juvenile delinquency. Recommendations have been made indicating the necessity for cooperation of the day-care of children. We wish to re-emphasize that the facilities for day-care of children in New York are not adequate.

VENEREAL DISEASE BUREAU

Grand Edelson, W.D., Physician-in-charge

During 1955 leading Venereal Disease Clinics in large cities have shown a definite increase in most of these areas in Gonorrhea, in Syphilis, or in both. In the survey which formulates these statistics our department has been included as one of the leading city venereal disease divisions. Our statistics also have shown an increase in new cases of gonorrhea. The new cases of Syphilis however are fewer than in 1954. However, 1955's new case finding activities exceeded those of 1955 both in degree and in character of case finding activities. In 1954 an intensive blood testing survey was conducted throughout the city by street corner blood test campaigns. During 1955 that survey was completed by spot-testing in the areas found to indicate the highest incidence of positive blood tests. It is now contemplated that with the shifting of the population to some degree, and with the passing of almost two years since the original survey was initiated, it would be wise to again initiate a widespread case finding program for Syphilis and for Gonorrhea. It is also contemplated that in the present survey we will add additional emphasis to the case finding program among the teen-agers, particularly the older teen-agers. We know that Gonorrhea has increased in the largest percentage in this group and it is in this group in which epidemics of Gonorrhea have been reported from about the Country.

This will be a medical advancement which, if properly executed, will give Newark a health activity of which the city can be proud. No such intensive case finding program to clear up foci of venereal diseases has been instituted in this manner and to this extent by a community such as ours.

During the past year we have begun to use a new form of Penicillin which is an improvement over that used up until now, in that fewer injections are required and longer intervals are permitted between injections. In turn, this means that a patient can come to the clinic less frequently and still receive excellent treatment for his venereal disease. This wider latitude in the regime also means that such patients who form the foci of these infections are more likely to be cured and those people to whom they will spread this condition, when once they have been brought into the clinic, will have no difficulty in having their disease eradicated as well.

In spite of this improvement in our treatment methods and everything else that has been done in the past across the country to try to eliminate Venereal diseases, the tempo of modern life has enabled these diseases to retain a foothold in various sections of the population. Because of our success in previous case finding programs, it is contemplated to expand our case finding activities so that Newark may continue to lead in curing and in preventing these diseases among its citizens.

The Skin Clinic which is conducted under the auspices of the department has continued to grow, as it has each year during the past several years. This is both a tribute to the type of medical care offered in this clinic as well as to the knowledge among referring physicians and health agencies that this clinic has done research and made progress enabling it to offer patients help not available in other skin clinics.

<u>CLINIC REPORT</u>		<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>
<u>SYPHILIS</u>	Total New Patients	247	244	602	361
	Total Patients Treated	3309	2578	1006	1270
	Treatments Given	3911	3413	8236	1561
	New Cases Reported from Newark	600	669	818	595
	Patients Dismissed Arrested or Cured	1012	779	1119	1155
	Patients put on Rest	383	326	379	585
<u>GONORRHEA</u>	New Patients - Male	987	758	912	953
	New Patients - Female	281	297	226	373
	Total New Patients	1268	1055	1138	1326
	Patients Treated - Male	3000	1265	1127	1048
	Patients Treated - Female	2343	1394	1161	1549
	Total G.C. Patients Treated	5343	2659	2288	2597
	Total Visits G.C.	5949	6255	6368	7023
<u>SOURCES OF INFECTION</u>					
Named		1356	1179	1153	1221
Found and Examined		1108	1029	543	789
Found Infectious		314	329	226	204
<u>SWIN CLINIC</u>					
		1954 New Cases - 1598	Treatments - 5084		
		1955 New Cases - 2006	Treatments - 5653		

PAROCHIAL SCHOOLS

Mary J. Hoban R.N., B.S., M.A.
Supervisor of Public Health Nursing

The Health Division provides medical inspection, health service and health education for approximately 15,900 elementary and secondary school children who attend the 30 local Parochial Schools.

It is obvious that the school child is happier and has a better chance to develop his learning potentialities when physical and emotional problems are solved. In order to achieve this goal, a staff of physicians and nurses are assigned to work in an advisory and directive capacity to help parents and their children solve their health problems. The physicians and nurses through their examinations and inspections pick up many health conditions which can be corrected. In many instances, it is the teacher who first detects signs indicating trouble - the tired, irritable, restless or acutely ill child. The nurses are responsible for the follow-up work on defects found. This work is aided by teacher-nurse conferences. Parents are then advised either through written messages, house, or phone calls, or office conferences.

A cumulative health record which contains pertinent health data is kept for each child all through school. The family or clinic physician makes the diagnosis and prescribes treatment. However he must first see and examine the child so that the problem can be remedied or corrected.

The nurses made 742 home calls, 1,270 phone calls to parents, conferred with 1,929 parents at school and wrote hundreds of notes to parents about their children's problems. Close cooperation between the teacher and nurse is maintained.

The health of the school child is considered in all its aspects physical, mental, spiritual, emotional and social. Families who are in need of assistance are guided to the proper social agency. The health division medical social worker helps with difficult problems. As a result of those efforts 3,720 children received remedial care wither by their own private physician or at a clinic, if medically indigent. Those who can afford to pay a small fee are referred to the many hospital clinics in the community.

All children must be vaccinated against small pox and immunized against diphtheria, whooping cough and tetanus. Our children are 100% protected. Re-immunization (known as boosters) is urged every four years until the child reaches ten years of age. 1187 received their diphtheria boosters in school during the past year, many others by family physicians.

Due to the discovery of the "Salk Anti Polio" vaccine within the past year, approximately 6,963 children between the ages of 5 - 15 years were given at least one injection. During the past year 3,476 children in the secondary and elementary grades were tuberculin patch tested. Of this group 224 were found with positive reactions. The positive reactors were referred to the Health Division's Chest Disease Bureau for x-rays of chest, further medical supervision and examination of the family members.

All children were weighed and had their height measured; they were inspected at the same time for possible observable defects. The vision of each child is also screened. The above procedures are done routinely each year by the nurse.

5. Office conferences by the nurses with school principals, teachers, parents, children or others.	36,131
6. Home visits or phone calls.	2,012
7. School exclusions for various reasons.	2,895
8. Other health services such as smallpox vaccinations, diphtheria immunizations, boosters, Tuberculosis patch tests, first and special vision tests, hearing tests with audiometer, etc.	31,858
9. Home nursing classes conducted in secondary schools (approximately twenty students to each class).	354
10. Health lectures given by nurses to secondary students.	93

	<u>Defects Found</u>	<u>Defects Corrected or remedied</u>
Dental	4,777	5,082*
Vision	1,326	1,473*
Skin	827	736
Nose and Throat	563	590*
Cardiac	105	92
Pediculosis	312	250
Nutrition	476	241
Personal Hygiene	364	401*
Ear - Hearing	110	98
Other conditions - such as defective speech, orthopedic, emotional problems, poor posture, positive Tuberculosis patch tests, etc.	1,616	844

*Denotes defects found during previous year which were corrected last year.

HEALTH LABORATORIES

CARL CORDASCO, B.S., Reg. Ph.G., Ch. Supv. Public Health Labs.

SEROLOGICAL LAB.
Meyer Levy, B.Sc.

CHEMICAL LAB.
Nicholas D'Auria, B.Sc.

BACTERIOLOGICAL LAB.
Fred Coltrell

These laboratories make food, milk and water examinations and diagnostic tests for local hospitals, physicians and department clinics.

<u>BACTERIOLOGICAL</u>	<u>TOTAL</u>	<u>POS</u>	<u>SEROLOGICAL & HEMATOLOGY</u>	<u>TOTAL</u>	<u>POS</u>
Diphtheria Cult.	382	0	Prenat. Tests (Mazzini)	8356	630
T.B. Sputa	6463	548	Prenatal " "	1976	149
Typhoid (Widals)	31	2	Domestics " "	1724	233
Darkfields	36	1	Priv. Drs. " "	20,785	1784
Para Typh. A & B	5	0	Dispensary " "	3041	365
Dog Brain Exam (Rabies)	35	0	Ven.Div. " "	2752	7851
Vin. Ang. Smears	560	245	Quant. " "	1638	8234
Trich. Vag.	870	357	Hospitals " "	29,310	1856
Gonorrhoea Smears	3149	1834	Total Mazzini	69,582	21,102
" Cultures	4062	247			
Exam. for Und. Fever	3	0	Wasserman Examinations		
Ophthalmic Gon.	87	3	R.H. Factor Deter.	8395	16,882
Water Examinations	211	0	Spinal Fluids (Wass.)	914	46
Milk & Cream "	6800	0	Blood Test for typing	4157	1620
Ice Cream "	186	0	Heter. Antib. Deter	122	91
Shell Fish "	27	0	Misc. (Urin. sed. rate,		
Misc. Foods & other			C.B.C., Gold Curve, Pand.		
exam. (swabb. from eating			Cell Ct, Bld Sugars, Clot.		
utens., rinse wat., pol. cts			& Bl. Time, etc.	8262	0
T.B. cults, etc.)	5291	0	Complete total	91,432	39,741
Complete total	28,198	3237			

<u>CHEMICAL</u>	<u>TOTAL</u>
Milk Samples	3634
Cream Samples	594
Ice Cream "	184
Water "	164
Meat "	249
Misc. "	
(Phosphatase test	
Milk Past.)	815
Complete total	5610

NOTE:- Special examinations included horsemeat, added sulphites and excessive fat content in meats; artificial flavorings, foreign fats, oils, etc., and many other types of foods. Cream and Ice Cream examinations from water sheds, local faucets, etc. as well as routine tests of swimming pool water for free chlorine, etc.

GRAND TOTAL OF ALL LABS:-125,270

